

# Separation Anxiety Worksheet

## Patient information

Name:

Age:

Date of assessment:

Caregiver/Parent name (if applicable):

## Part 1

### Instructions:

Select the option (a, b, c, or d) that best describes how you feel when anticipating separation from your caregivers or loved ones. Choose the response that most accurately reflects the intensity of your anxiety or distress.

### 1. Feelings and sensations:

- a) I feel calm when anticipating separation from my caregivers or loved ones.
- b) I feel mildly anxious when anticipating separation from my caregivers or loved ones.
- c) I feel moderately anxious when anticipating separation from my caregivers or loved ones.
- d) I feel severely anxious or distressed when anticipating separation from my caregivers or loved ones.

### 2. Thoughts and worries:

- a) I have no worries or fears about something bad happening to my caregivers or loved ones when I'm not with them.
- b) I have occasional worries or fears about something bad happening to my caregivers or loved ones when I'm not with them.
- c) I frequently worry or fear something bad happening to my caregivers or loved ones when I'm not with them.
- d) I constantly worry or fear something bad happening to my caregivers or loved ones when I'm not with them.

### 3. Coping strategies:

- a) I have no specific coping strategies for managing separation anxiety.
- b) I distract myself with activities or hobbies when separated from my caregivers or loved ones.
- c) I engage in deep breathing or relaxation techniques when separated from my caregivers or loved ones.
- d) I seek reassurance from others when separated from my caregivers or loved ones.

**4. Sleep and nightmares:**

- a) I have no difficulty sleeping when I'm away from home or my loved ones.
- b) I occasionally have difficulty sleeping when I'm away from home or my loved ones.
- c) I frequently have difficulty sleeping when I'm away from home or my loved ones.
- d) I consistently have difficulty sleeping when I'm away from home or my loved ones.

**5. Duration and impact:**

- a) I have experienced separation anxiety for a short period of time.
- b) I have experienced separation anxiety for several months.
- c) I have experienced separation anxiety for a year or more.
- d) I have experienced separation anxiety for as long as I can remember.

**Part II**

**Instructions:**

Take your time to reflect on these questions and provide responses that accurately reflect your experiences with separation anxiety.

How does your separation anxiety affect your daily life, activities, and relationships?

How often do you experience nightmares related to separation anxiety?

Describe any behaviors or actions you engage in to try to avoid being separated from your caregivers or loved ones.

Have you noticed any specific situations or triggers that make your separation anxiety worse?

### Part III

#### Reflection:

Is there anything else you would like to share about your experiences with separation anxiety?

Do you have any questions or concerns about managing your separation anxiety?