SENIOR SAFETY ADVICE

Anxiety Relief Workbook for Older Adults

A private, step-by-step companion for understanding your own anxiety, preparing for your doctor, and building calm back into your days.

This workbook belongs to:

_____

I started it on:

_____

This workbook is private. No one has to read it but you. If it helps to share a page with your doctor or someone you trust, that is your choice to make.

START HERE

How to use this workbook

Anxiety is common in later life — roughly one older adult in six to one in five lives with it — and it is very often missed. It gets called depression, or memory trouble, or simply "getting older." It is none of those. It is a real condition with real treatments, and those treatments work at eighty just as they work at thirty.

This workbook is built for you to fill in by hand, a few pages at a time. You do not need to go in order and you do not need to finish it in one sitting. Some pages ask you to notice. Some ask you to plan. Some ask you to imagine a hard moment before it happens, so that you are not deciding what to do in the middle of it.

What is inside

- **Part 1 — What anxiety looks like in you.** Naming it in your own words.
- **Part 2 — Finding your patterns.** A seven-day tracker and a look at what set this off.
- **Part 3 — Your medical visit.** A medication review, questions to ask, and a page for notes.
- **Part 4 — Your calm-down toolkit.** Techniques to try, and a place to rate them.
- **Part 5 — What would you do if...** Practice for the situations that tend to catch you.
- **Part 6 — Building a steadier week.** Routine, sleep, movement, and connection.
- **Part 7 — Your people and your plan.** Contacts, resources, and thirty days forward.

A note about the companion checklist

There is a one-page *Anxiety Relief Checklist for Older Adults* that goes with this workbook. The checklist is the short version — the things to do. This workbook is the long version — the thinking behind them. Keep the checklist on the refrigerator and this workbook by your chair.

If you need help right now

If you feel like you do not want to be here anymore, call or text **988** in the United States at any hour to reach the Suicide and Crisis Lifeline. Adults 60 and older can also call the Institute on Aging Friendship Line at **1-800-971-0016**, staffed 24 hours a day. You are not a bother. That is what the line is for.

PART 1

What anxiety looks like in you

Before anything can be treated, it has to be described. These pages are about putting words to something that has probably felt shapeless.

Anxiety is not the same as worry

Everyone worries. Worry has a subject, and it lets go when the subject is settled. Anxiety keeps going after the subject is gone, moves from one thing to the next, and shows up in the body — a tight chest, a churning stomach, a night with no sleep in it. If you have been telling yourself you are just a worrier, this is worth a second look.

If you had to describe what you have been feeling to a friend, in your own words, what would you say?

When did you first notice it? What was going on in your life around that time?

Where do you feel it in your body?

PART 1

Your symptom inventory

Mark what you have noticed in the past two to four weeks. Bring this page to your doctor — it is far easier than trying to remember in the room.

Feelings and behavior

- ☐ Worrying most days, with no clear cause
- ☐ Irritable, impatient, snapping at people
- ☐ Restless; can't sit still; pacing
- ☐ Avoiding places or people I used to enjoy
- ☐ Jumping at sounds
- ☐ Asking for reassurance over and over
- ☐ Small decisions feel impossible
- ☐ Dreading the phone or the mail
- ☐ Checking things repeatedly (stove, locks, doors)
- ☐ Feeling like something bad is about to happen

Body

- ☐ Headaches
- ☐ Back pain or tight, sore muscles
- ☐ Tired no matter how much I rest
- ☐ Trouble concentrating or following a page
- ☐ Racing or pounding heart
- ☐ Shortness of breath
- ☐ Sweating; hot and cold spells
- ☐ Nausea or upset stomach
- ☐ More trips to the bathroom
- ☐ Trouble falling or staying asleep

How long has this been going on?

- ☐ Less than 2 weeks
- ☐ 2 to 6 weeks
- ☐ A few months
- ☐ A year or longer

More than a few weeks is the point at which most doctors want to hear about it.

PART 1

The shapes anxiety takes

Anxiety is not one thing. Knowing which pattern fits you helps your doctor choose the right treatment. Read each one and mark any that sound familiar.

- [ ] **Generalized anxiety.** Ongoing worry about everyday things, even when there is no clear reason. The subject changes; the worry does not.

- [ ] **Panic.** Sudden, strong waves of fear that come on fast — chest pain, sweating, trouble breathing. Many people go to the emergency room the first time.

- [ ] **Phobia.** Strong fear of a specific thing or situation. In later life, fear of falling, of driving, or of crowds are the most common.

- [ ] **Social anxiety.** Fear of being judged or embarrassed in front of others. It often grows after a hearing change, a stroke, or anything that made conversation harder.

- [ ] **Obsessive-compulsive patterns.** Repeated thoughts, or repeated actions done to relieve them — checking the stove five times, washing again, counting.

- [ ] **Post-traumatic stress.** Fear that traces back to something that happened — combat, an accident, a loss, or harm done to you. It can surface for the first time in later life.

Which of these came closest? What made you pick it?

PART 2

Finding your patterns

Anxiety feels random from the inside. On paper, it usually is not. Fill in one row a day for a week and see what shows up.

Seven-day tracker

Day	Worst time of day	What was happening	How strong (1–10)	What helped
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Looking at the week: what time of day was hardest?

What showed up more than once?

PART 2

What may be feeding it

Anxiety in later life usually has causes you can name. Mark anything that applies to you now or in the past year, then write about the one that weighs most.

- [ ] **A health condition.** Ongoing pain, heart trouble, breathing trouble, or diabetes can all produce anxious feelings directly.
- [ ] **Medication.** Some drugs for sleep, blood pressure, or breathing cause jitteriness, a racing heart, or broken sleep.
- [ ] **Changes in memory or thinking.** Early changes are frightening, and the fear itself adds to the confusion.
- [ ] **Losing independence.** Giving up driving, cooking, or managing your own money is a real loss, and it is grieved like one.
- [ ] **Grief.** The death of a spouse, a sibling, or a close friend. Anxiety often follows sadness rather than arriving with it.
- [ ] **Moving.** A move to a smaller place, a child's home, or assisted living — even a welcome one — unsettles everything familiar.
- [ ] **Being alone too much.** Isolation makes every worry louder because there is nothing to measure it against.
- [ ] **Money.** Worry about affording care, medication, or the years ahead.

Which one weighs on you most, and why?

Is there any part of it you have some control over? Even a small part.

PART 2

Why nobody noticed

Older adults are underdiagnosed for anxiety, and the reasons are worth naming out loud, because most of them are things you can push back on.

You were raised not to discuss it. For a great many people now in their seventies and eighties, mental health was simply not talked about. That is history, not a personal failing — but it can keep you quiet in a doctor's office.

It looks physical. A pounding heart and a churning stomach get worked up as heart and stomach problems. When the tests come back clean, the search often stops there.

It gets called aging. Slower thinking, poor sleep, and low energy are written off as normal for your age. They are symptoms, and they are treatable.

Appointments are short. Ten minutes does not leave room to raise something you are not sure how to say. This is why writing it down first matters so much.

Has anything on this page kept you from speaking up? Write what you would say if you knew you would be believed.

PART 3

Getting ready for your doctor

The goal of the next three pages is that you walk out of the appointment having said the thing you came to say.

My medication review

List everything you take, including over-the-counter pills, vitamins, and supplements. Mark anything that started or changed in the last six months — those are the ones to ask about first.

Name of medicine	What it is for	Started when	New or changed?	Side effects I've noticed

Ask directly: "Could any of these be causing how I feel?" Never stop a prescription on your own — some are dangerous to stop suddenly.

PART 3

Questions to bring with you

Check the ones you want to ask. Then write your own at the bottom — those are usually the important ones.

- [ ] Could what I am describing be anxiety?
- [ ] Can we rule out a physical cause — thyroid, heart, blood sugar, pain?
- [ ] Could any of my medications be doing this?
- [ ] How much caffeine is too much for someone my age?
- [ ] What would talk therapy involve, and is Cognitive Behavioral Therapy available near me?
- [ ] Would medication help me, and what are the trade-offs at my age?
- [ ] If we try medication, how long until I know whether it is working?
- [ ] What side effects should I watch for, and who do I call if I have them?
- [ ] Is there someone who specializes in older adults you would send me to?
- [ ] Does Medicare or my insurance cover this?
- [ ] What should I do on a bad night, before the next appointment?
- [ ] When should I come back?

My own questions:

PART 3

What your doctor may suggest

So that none of it is a surprise. This is general information — your doctor decides what is right for you.

Talk therapy

Cognitive Behavioral Therapy, usually shortened to CBT, is the best-studied treatment for anxiety and it works well for older adults. It is practical rather than open-ended: you learn to catch an anxious thought, test whether it is true, and replace the habit it created. It is usually a set number of sessions, not something you do forever. Many therapists now offer it by video, which removes the driving problem.

Medication

Antidepressants known as SSRIs are commonly prescribed for anxiety, not only for depression. They take several weeks to work, so patience is part of the plan. Anti-anxiety medications, sometimes called anxiolytics, can settle things quickly, but they need real care in older adults — some raise the risk of falls, confusion, and dependence, and they are generally meant for short-term use.

Who to ask for

Wherever possible, work with a doctor or mental health provider who understands geriatric care. Bodies process medication differently at eighty than at forty, and a provider who knows that will dose differently and watch for different things.

Notes from my appointment

Date of visit: _____ Who I saw: _____

_____

_____

_____

_____

What we decided to try:

_____

_____

Next appointment: _____

PART 4

Your calm-down toolkit

Ten things to try. None of them work for everyone, and none of them work the first time. Try each one twice before you judge it, then rate it on the next page.

Slow breathing. Breathe in through your nose while you count to four. Breathe out through your mouth while you count to six. The long exhale is what does the work. Ten breaths. You can do this anywhere, and nobody can tell.

Progressive muscle relaxation. Starting at your feet, tighten one muscle group for five seconds, then let it go completely. Feet, calves, thighs, stomach, hands, arms, shoulders, face. Ten minutes, lying down or in a chair.

Mindfulness or meditation. A short guided recording — five or ten minutes — that walks you through paying attention to right now instead of what might happen. Free recordings are on the library's app and on the radio.

Journaling. Write the worry down in full. Getting it onto paper takes it out of the loop it has been running in your head. Some people write, then close the book on it.

Music. A familiar hymn, a favorite record, birdsong, rain. Music reaches something that reasoning cannot.

A pet. Company that asks nothing of you, plus a reason to get up and go out. If you cannot keep one, ask a neighbor whether you can walk theirs.

Something with your hands. Painting, drawing, knitting, whittling, cards, bread. Hands busy, mind quiet.

Gentle movement. Walking, swimming, chair yoga, stretching. Twenty minutes most days does more for anxiety than most people expect.

Food and drink. More fruit and vegetables; less sugar. Watch the caffeine especially — coffee, tea, cola, and chocolate. Cut it off after noon and see what happens to your sleep.

A bedtime routine. The same steps in the same order, screens off well beforehand, lights low. Poor sleep and anxiety feed each other, so this is worth real effort.

PART 4

What actually worked for me

Fill this in after you have tried each one at least twice. Be honest — ruling something out is as useful as finding a favorite.

Technique	Tried it (how many times)	Helped? (1–10)	When I would use it
Slow breathing			
Progressive muscle relaxation			
Mindfulness or meditation			
Journaling			
Music			
A pet			
Something with your hands			
Gentle movement			
Food and drink			
A bedtime routine			

My top three — the ones I will actually reach for

_____

_____

_____

Write these three on an index card and put it where you will see it on a bad day — the refrigerator, the bathroom mirror, or your wallet.

PART 5

What would you do if...

The point of these is not to get them right. It is that when one of these actually happens, you have already been here once before, on paper, calmly.

SCENARIO 1

It is three in the morning. You wake with your heart pounding and a certainty that something is badly wrong. The house is quiet. Nothing is wrong. You cannot get back to sleep, and now you are worrying about being tired tomorrow.

What is the first thing you would do?

What would you say to yourself in that moment? Write it as if you were talking to a friend it was happening to.

SCENARIO 2

Your daughter says, carefully, that she does not think you should be driving at night anymore. She is probably right. You feel a wave of panic that has nothing to do with driving and everything to do with what comes after.

What are you actually afraid of here? Name it specifically.

What would you want to say back to her — not the sharp version, the true one? And what arrangement would keep you getting where you need to go?

PART 5

What would you do if... (continued)

SCENARIO 3

There is a luncheon at church on Sunday. You have been declining invitations for four months now, and each declined one makes the next harder. You feel tired just thinking about getting ready.

What is the honest reason you would say no?

What is the smallest version of going that would still count — an hour, a ride with someone, leaving early?

SCENARIO 4

You started a new blood pressure medication five weeks ago. Since then you have felt wired and shaky, and you sleep badly. You have not mentioned it because you do not want to seem like you are complaining.

Write, word for word, the sentence you would use to raise this with your doctor.

Who could come with you, or call ahead, if saying it is hard?

PART 5

What would you do if... (continued)

SCENARIO 5

You have checked that the stove is off four times tonight. You know it is off. You go back anyway, and you feel foolish, which makes it worse.

What would make checking once feel like enough? (Some people say the check out loud, or take a photograph of the dial.)

What do you think would happen if you did not check again? Write it down and read it back.

SCENARIO 6

You are moving to an assisted living apartment in six weeks. You agreed to it and you know it is sensible. You are also lying awake most nights.

What are you most afraid of losing in the move?

What is one thing you could decide or arrange yourself, so that the move is not entirely something happening to you?

PART 5

What would you do if... (continued)

SCENARIO 7

Your husband of fifty-one years died in the spring. You expected the sadness. What you did not expect is the constant low hum of fear — about the house, about money, about being alone if something happens.

What does the fear say to you when it is loudest?

What is one practical thing that would quiet a piece of it — a list, a phone call, an appointment, someone who checks in?

SCENARIO 8

You feel a tightness in your chest. It might be anxiety. It might be your heart. You have no way of knowing from the inside, and the not-knowing makes the tightness worse.

What is your rule going to be, decided now, in advance, about when you call for help?

Who will you call?

A rule worth writing down: chest pain is always worth checking. No doctor or nurse will think less of you for coming in and being told it was anxiety. Being told that is a good outcome, not an embarrassment.

PART 6

Building a steadier week

Anxiety thrives on shapeless days. You do not need a strict schedule — you need a few fixed points to hang the day on.

My daily anchors

Time of day	What I will do	Why it helps me
Morning		
Midday		
Afternoon		
Evening		
Bedtime		

Worry time

This sounds strange and it works. Pick fifteen minutes at the same time each day — not near bedtime. That is when worrying is allowed. When a worry arrives outside that window, write it on a pad and tell it to wait. Most of them do not survive the wait.

My worry time will be: _____ Where: _____

My sleep plan

- ☐ Same bedtime and same wake time, weekends included.
- ☐ No caffeine after noon — that includes tea, cola, and chocolate.
- ☐ Screens off at least an hour before bed.
- ☐ Notepad and pen on the nightstand for 3 a.m. thoughts.
- ☐ If I am still awake after twenty minutes, I get up and sit somewhere else until I am sleepy.

PART 6

Movement and connection

Movement

Twenty minutes most days is the target, and it does not have to be all at once. Walking counts. Check with your doctor first if you have heart or breathing conditions.

What I will do	How often	With whom	Where

Connection

Isolation makes anxiety measurably worse, because there is nothing to check your thoughts against. Treat this as part of your treatment, not as socializing.

One person I will call this week, and the day I will call:

One group that meets regularly that I could try — faith community, senior center, library, class, veterans' group, or online:

What I would want to say to someone about what I have been going through:

PART 6

Holding on to what you can do

Losing independence is one of the strongest drivers of anxiety in later life. Some losses are real and permanent. Many are more negotiable than they first look.

Things I can still do for myself

Things I have given up

Is there one on that second list that could come back with a small change — a different time of day, a piece of equipment, someone alongside you, a smaller version of it?

When someone offers help, try saying what kind you want rather than yes or no. "Would you sit with me while I do it" keeps something that "let me do it for you" takes away.

PART 7

My people

Fill this in while you are steady, so it is already written when you are not.

Who	Name	Phone
The person I call first		
Someone else I can call		
My primary doctor		
Therapist or counselor		
Pharmacy		
A neighbor nearby		
Faith or community contact		
Ride when I need one		

Warning signs that mean I should reach out

Write these in your own words, now, while you can think clearly. Then tell one person what they are, so someone besides you is watching.

PART 7

Resources and next steps

Every number below is free to call. None of them will think you are overreacting.

If you need help right now

- **988 Suicide & Crisis Lifeline** — call or text **988**, any hour, any day. For anyone in emotional crisis, not only for thoughts of suicide.
- **Institute on Aging Friendship Line** — **1-800-971-0016**. A 24-hour warm line specifically for adults 60 and older. You can call simply because you are lonely or frightened.
- **Emergency** — **911**, or your local emergency number, for chest pain, trouble breathing, or any symptom you cannot explain.

Finding care and services

- **Eldercare Locator** — **1-800-677-1116** or eldercare.acl.gov. The federal front door to services for older adults. They connect you to your local Area Agency on Aging, which knows what exists in your county.
- **Your local Area Agency on Aging** — counseling referrals, transportation, meals, friendly-caller programs, and support groups, often free or on a sliding scale.
- **SAMHSA National Helpline** — **1-800-662-4357**. Free, confidential, 24 hours, for mental health and substance concerns, with referrals to local treatment.
- **Medicare** — medicare.gov or **1-800-633-4227**. Ask specifically about coverage for outpatient mental health, therapy visits, and the annual wellness visit.
- **Your local senior center** — often the fastest route to a group, a class, a ride, or a phone-visitor program.

Learning more

- **National Institute on Aging** — nia.nih.gov. Plain-language information on anxiety, depression, sleep, and aging.
- **Anxiety and Depression Association of America** — adaa.org. Includes a directory for finding a therapist and free educational material.
- **Senior Safety Advice** — SeniorSafetyAdvice.com. Practical guides on staying safe, independent, and well at home.

PART 7

The next thirty days

Three things. Not thirty. Choose small enough that you will actually do them.

What I will do	By when	Who knows about it	Done

Check back in — two weeks from today

Date: _____

What is better, even slightly?

_____

_____

_____

What is the same or worse?

_____

_____

_____

What do I want to raise at my next appointment?

_____

_____

_____

LAST PAGE

A word before you close this

You picked this up because something has not felt right. That took some doing, and it is the hardest part. Nothing in these pages asks you to become a different person or to stop worrying by force of will. They ask you to notice, to say it out loud to someone who can help, and to put two or three small things in place.

Progress in this is rarely a straight line. There will be a good fortnight and then a bad night that makes it feel as though nothing has changed. It has. Keep the pages you filled in — on a hard day, reading back what you wrote on a steadier one is often the most useful thing in the book.

If I take one thing away from this workbook, it is:

Anxiety in later life is common, it is treatable, and it is not a character flaw or a normal part of getting older. Going slowly still counts as going. If nothing has shifted in a few weeks, that is not a failure — it is information for your doctor.

Use the companion *Anxiety Relief Checklist for Older Adults* alongside this workbook.