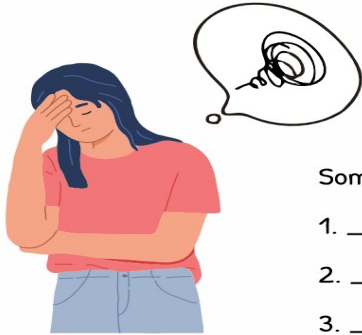


Name \_\_\_\_\_ Date \_\_\_\_\_



# COPING WITH ANXIETY

Some things that make me feel anxious are...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

These changes happen when I feel anxious:

Changes in my body...

Thoughts I have...

Things I do...

When I feel anxious, I can cope by:

*Check all of the coping skills that might be helpful! Use the blank spaces to write in your own.*

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Deep breathing           | <input type="checkbox"/> Going for a walk        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Using positive self-talk | <input type="checkbox"/> Writing in my journal   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Meditating or relaxing   | <input type="checkbox"/> Practicing mindfulness  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Talking to a friend      | <input type="checkbox"/> Thinking happy thoughts | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Talking to an adult      | <input type="checkbox"/> Keeping myself busy     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Playing a game           | <input type="checkbox"/> Exercising              | <input type="checkbox"/> _____ |