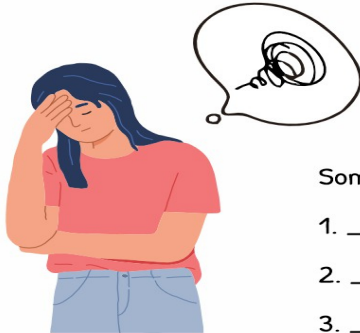


Name _____ Date _____



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"/> _____ |