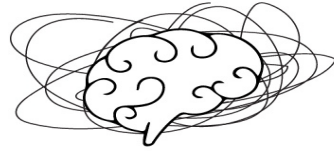


Name: _____ Date: _____

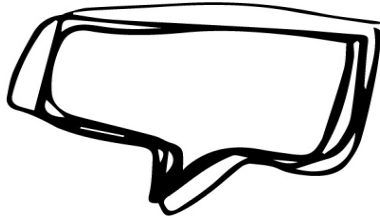
FEAR AND ANXIETY



Some things that make me feel anxious are...

-
-
-

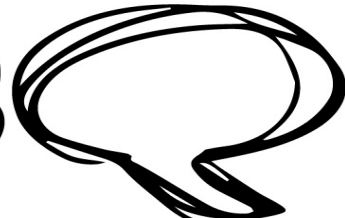
These changes happen when I feel anxious:



Changes in my body...



Thoughts I have...



Things I do...

WHEN I FEEL ANXIOUS, I CAN COPE BY:

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