

Draw Your House

This will help you
refocus when your
anxiety starts to
take over

Who Protects You

Level 4

What does a life worth living look like

Level 3

What makes you happy

Level 2

What you want to feel

What you hide

Level 1

Rock Bottom

Anxiety Attack Symptom Tracker

Accelerated Heart Rate					
Excess Sweating					
Shortness of Breath					
Feeling like Choking					
Trembling/ Shaking					
Chest Pain					
Nausea					
Dizziness					
Crying					
Hyper ventilating					
Headache					
Abdominal Pain					
Hot Flash					
Chills					
Fear					

Anxiety Triggers

Use this to determine your most significant triggers

1	2	3	4	5	6	7	8	9	10
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Doesn't affect me

Has a significant affect

<input type="checkbox"/>	Conflict/Drama	<input type="checkbox"/>	Bad Weather (Storms)
<input type="checkbox"/>	Large Crowds	<input type="checkbox"/>	Cold Weather (Winter)
<input type="checkbox"/>	Meeting New People	<input type="checkbox"/>	Leaving the House
<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Being Alone
<input type="checkbox"/>	Having too much to do	<input type="checkbox"/>	Lack of Sleep
<input type="checkbox"/>	Things not going as planned	<input type="checkbox"/>	Hunger
<input type="checkbox"/>	Free time	<input type="checkbox"/>	Too much sleep
<input type="checkbox"/>	Loud noises	<input type="checkbox"/>	Not being clean
<input type="checkbox"/>	Guilt	<input type="checkbox"/>	Small Changes
<input type="checkbox"/>	Watching the News	<input type="checkbox"/>	Big Changes
<input type="checkbox"/>	Being in tight/small spaces	<input type="checkbox"/>	Disappointing People
<input type="checkbox"/>	Being around certain people	<input type="checkbox"/>	Traffic
<input type="checkbox"/>	Financial Issues	<input type="checkbox"/>	Having to say No
<input type="checkbox"/>	Relationship Issues	<input type="checkbox"/>	Messy House
<input type="checkbox"/>	Responsibility	<input type="checkbox"/>	Your job
<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Being Sick/Not Safe
<input type="checkbox"/>	Caffeine	<input type="checkbox"/>	Family being sick/Not safe

Coping Strategies

Use this to determine your most helpful coping strategies

1	2	3	4	5	6	7	8	9	10
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Doesn't help me

Helps me a lot

<input type="checkbox"/>	Positive Self Talk	<input type="checkbox"/>	Going offline
<input type="checkbox"/>	Deep Breathing	<input type="checkbox"/>	Reading a book
<input type="checkbox"/>	Physical Contact (Hugs)	<input type="checkbox"/>	Eating a healthy food
<input type="checkbox"/>	Take a Shower/Bath	<input type="checkbox"/>	Writing in a journal
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Taking a nap
<input type="checkbox"/>	Go for a walk	<input type="checkbox"/>	Cooking or baking
<input type="checkbox"/>	Watch something funny	<input type="checkbox"/>	Dancing
<input type="checkbox"/>	Color, paint or draw	<input type="checkbox"/>	Having a picnic
<input type="checkbox"/>	Play with a pet	<input type="checkbox"/>	Going on a date
<input type="checkbox"/>	Talking on the phone	<input type="checkbox"/>	Making an action plan
<input type="checkbox"/>	Texting	<input type="checkbox"/>	Doing Yoga/Stretching
<input type="checkbox"/>	Talking in person	<input type="checkbox"/>	Mindfulness Activities
<input type="checkbox"/>	Talking via Social Media	<input type="checkbox"/>	Doing a face mask
<input type="checkbox"/>	Using Social Media	<input type="checkbox"/>	Decluttering
<input type="checkbox"/>	Playing a video game	<input type="checkbox"/>	Doing nothing
<input type="checkbox"/>	Doing a puzzle	<input type="checkbox"/>	Putting on Pajamas
<input type="checkbox"/>	Listening to music	<input type="checkbox"/>	Doing makeup/hair

Discarding the Lie and Finding the Truth

Anxiety tells us lies. Those lies are often rooted in a truth but distorts it to something much bigger. Being able to tease out and discard the false parts is an important skill for coping.

Checklist

- ☐ Write out the scenario
- ☐ Pull out the truth
- ☐ Rewrite the lies
- ☐ Dispute those lies

The Scenario _____

The Truth _____

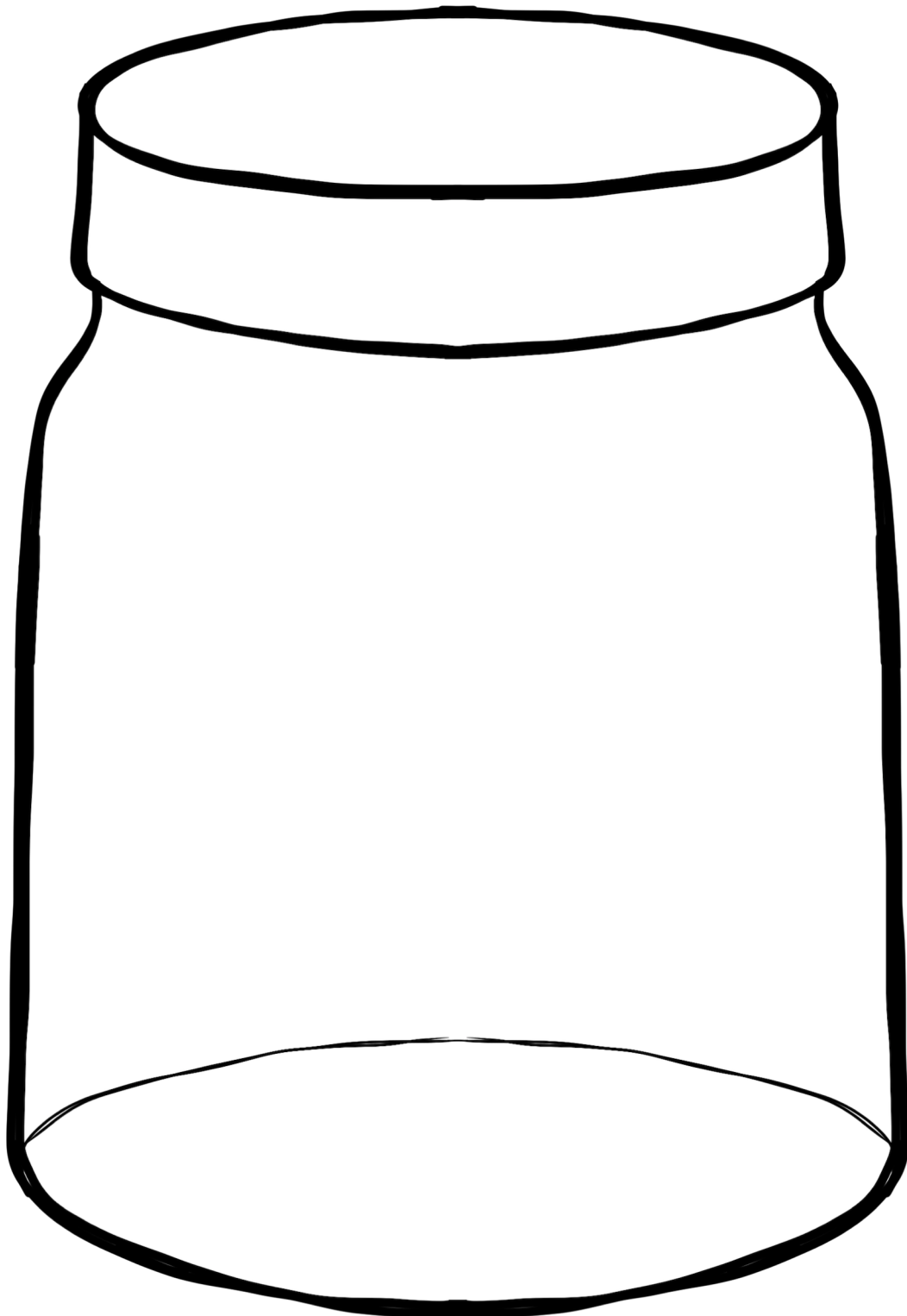
The Evidence _____

The Lies _____

Dispute the Lies _____

Worry Jar

Write all of the things you are worried about in the jar, then put it away. When you are ready, pull it out and give yourself 10 minutes to worry about it, then put it away again. Use a timer.



The Couples Pact

Anxiety affects you and the person who spend your life with. If your partner is willing to participate, a couples pact can be a tremendously helpful tool so they know how to support you.

When I am having anxiety I feel _____

What helps me is _____

What I don't need is _____

I will _____

My partner will _____

We will get through this together

Worst Case Scenario

Use this to process worst case scenarios and manage the fear

My initial worry

Root of the worry

What trigger does it
align with?

What is the worst thing
that could happen

What would it look like
if that happened?

What is the best case
scenario

Can I do anything to
make that happen?
