

**Putting it all Together:**  
**My Plan for Managing Anxiety**

1. My primary anxiety symptoms include:
  - a. Emotional:
  
  - b. Physical:
  
  - c. Cognitive:
  
  - d. Behavioral:
  
2. Some of my unhelpful ways of thinking are: (e.g., all or nothing thinking, catastrophizing, etc.)
  
3. My situational and cognitive triggers are: (e.g., unfamiliar situations, negative thoughts, etc.)
  
4. The most helpful grounding techniques:
  
5. The most helpful relaxation exercise:
  
6. The best time and place to practice relaxation exercises:
  
7. When I feel overwhelmed, it is helpful for me to:
  
8. Positive changes I can make to help my sleep include: (e.g., no TV 30 minutes before bed, wake up at the same time daily, turn phone off, etc.)

9. MY GOALS: Name 2 goals you would like to achieve *over the next few months*, related to anxiety and self-care. Think: **specific, achievable, and measurable**.

a. Name 2 goals you would like to achieve related to ANXIETY (e.g., Thinking about the strategies you find most helpful, what would you like to try, how often, when, etc.?)

i. \_\_\_\_\_

ii. \_\_\_\_\_

b. Name 2 goals you would like to achieve related to SELF-CARE: (What will your self-care look like over the next few months? These could be goals related to nutrition, exercise, sleep, schoolwork, leisure activities, etc.)

i. \_\_\_\_\_

ii. \_\_\_\_\_

10. Reminder about plan and goals:

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