

# Anxiety Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Anxiety can show up for a lot of reasons, and it can impact a lot of things. But everyone's anxiety is a little different. Fill out as much as you'd like about what you notice about your own anxiety. Share with friends, family, teachers, therapists, or keep it to yourself. (See if your anxiety changes over time.)*

## My anxious body feels like:

- ☐ My heart is racing.
- ☐ I can't breathe.
- ☐ I feel dizzy or weak.
- ☐ My voice and/or hands shake.
- ☐ I'm sweaty.
- ☐ I have to go to the bathroom right away.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## When am I anxious?

- ☐ In the morning
- ☐ At school
- ☐ After school
- ☐ After dinner
- ☐ At meals
- ☐ At bedtime
- ☐ On the weekend

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Anxiety makes me...

- ☐ Not want to do my homework.
- ☐ Not want to go to school.
- ☐ Ask people if things will be okay or if I did okay.
- ☐ Have a meltdown.
- ☐ Not want to eat, or want to eat too much.
- ☐ Seem unfriendly or shy, when I'm not.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Things that help me feel better:

- ☐ Belly breathing or Butterfly Breath.
- ☐ Listen to (or practice) a meditation.
- ☐ Take a walk or exercise.
- ☐ Talk to or play with my pet.
- ☐ Talk to or play with my family or friend.

- ☐ Take a bath or a shower.
- ☐ Listen to some good music.
- ☐ Do some art.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_