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| **What situations or things bring on anxiety?** |
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| **Rate yourself on the following areas of wellness** |
| **Area of Wellness** | **1-10** | **Notes** |
| **Physical activity** |  |  |
| **Nutrition** |  |  |
| **Sleep Quality** |  |  |
| **Sleep Quantity** |  |  |
| **Caffeine Intake** |  |  |
| **Alcohol Intake** |  |  |

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| **Things I can do in the moment to combat anxiety** |
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| **Things I can do overtime to prevent anxiety** |
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