**YOUR ANXIETY ACTION PLAN**

Name: Effective Date:

 SYMPTOMS: ACTION:

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| Prevention | - Sleeping and eating well - Feeling good about myself and others - Enjoying my daily activities- Able to identify my stressors and handle them well | * Continue to get a good night’s rest
* Healthy diet and regular exercise
* Participate in enjoyable activities
* If prescribed medications, continue to take them regularly
* If seeing a counselor, be sure to continue appointments regularly
* Practice relaxation and mindfulness (deep breathing, guided imagery, journaling, progressive muscle relaxation)

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| Feeling anxiousOKAY | - Having some trouble sleeping- Decreased appetite- Having anxious feelings more than normal- Having trouble enjoying my daily activities - Letting my stressors get to me and affect my daily life | * Increase relaxation and mindfulness techniques listed above
* Can try lotion to massage one’s hands or a stress ball to squeeze
* Distract your mind with mental exercises such as counting backwards
* Consider phone apps or websites for help (several listed on our resource sheet)
* Reach out to loved ones, family and friends to talk to about how you are feeling
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| More anxious, feeling panic BAD | - Not sleeping at night - Not eating - Having scary thoughts about hurting myself or others - Staying away from friends and family members- Uninterested in my usual activities  | * Repeat yellow level activities
* Take medication if prescribed
* Continue counseling
* Contact identified adult or loved one
* Call a number below

Emergency Contacts: 1. Emergency Services- 911
2. Carolina Pediatrics- (803)256-0531
3. Suicide LifeLine- 988
4. Suicide Text Line – Text “HOME” to 741741
5. CCRI – 833-364-2274
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