**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) |
| Feeling anxious  OKAY | - 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 |
| 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 |