

Anxiety Revolution Workbook

**A BLUEPRINT TO DOCUMENTING
AND MANAGING ANXIETY**



**A COMPANION WORKBOOK FOR "ANXIETY
REVOLUTION: A PASSPORT FOR
UNDERSTANDING AND MANAGING ANXIETY"**

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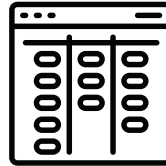
GUIDE TO USING THE ANXIETY REVOLUTION WORKBOOK

At the top right of each page in this workbook you will find an icon to indicate the type of activity on the page. See the below explanations for each icon.



Worksheets

Worksheets found in this workbook correspond to the readings in the book. They will help you process what you have learned and document your own journey with anxiety.



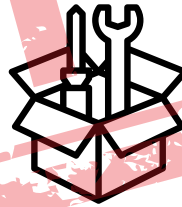
Trackers

The trackers are designed to help you easily keep track of the important things.



Daily Reflection

Daily Reflections are designed to be a daily journal area for you to document your feelings and progress.



Additional Resources

Additional resources are things you might find helpful along your journey. We recommend browsing through them so you know what is available to you.

ANXIETY IMPACT



Anxiety manifests differently in each individual. Take a few minutes to outline the impact anxiety has had on you.

1. Manifestations of Anxiety - Write down any physical symptoms of that you experience as well as any mental or cognitive challenges and emotional distress you might have related to your anxiety.

2. Physical Health - Write down any physical effects including cardiovascular problems or immune system suppression (frequent illness, etc.)

3. Mental Health - Document any other mental health disorders you have as well as cognitive impairment related to anxiety.

4. Emotional Well-Being - Explore your interpersonal challenges and quality of life here.

SAMPLE

ANXIETY SELF-REFLECTION



Anxiety and worry detract from the level of enjoyment in your life, as well as contribute to physical and emotional challenges. Everyone deals with anxiety at times, but each person's anxiety and worry are unique. It's important to discover the best ways to address your unique situation.

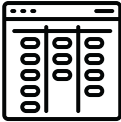
Answer these questions to gain a better perspective of how you can manage worry and anxiety in your life.

1. How do worry and anxiety affect my life?

2. What changes can I make to my diet and exercise routine to reduce the level of stress in my body?

SAMPLE

ANXIETY JOURNAL



It can be helpful to keep a log of your thoughts and feelings. Complete the following each day. If you are seeking professional assistance from a health care practitioner or mental health provider, take this with you to review.

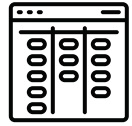
Day	Time	Feeling	Thoughts	Coping Skills

SAMPLE

MOOD CHART

YEAR:

Place the month at the top of the column.



DAY					
1					
2					
3					
4					
5					
6					
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8					
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26					
27					
28					
29					
30					
31					



Awesome



Good



Neutral



Bad



Terrible

RELAXATION TECHNIQUES



TECHNIQUES TO RELAX MY MIND

--

TECHNIQUES TO RELAX MY BODY

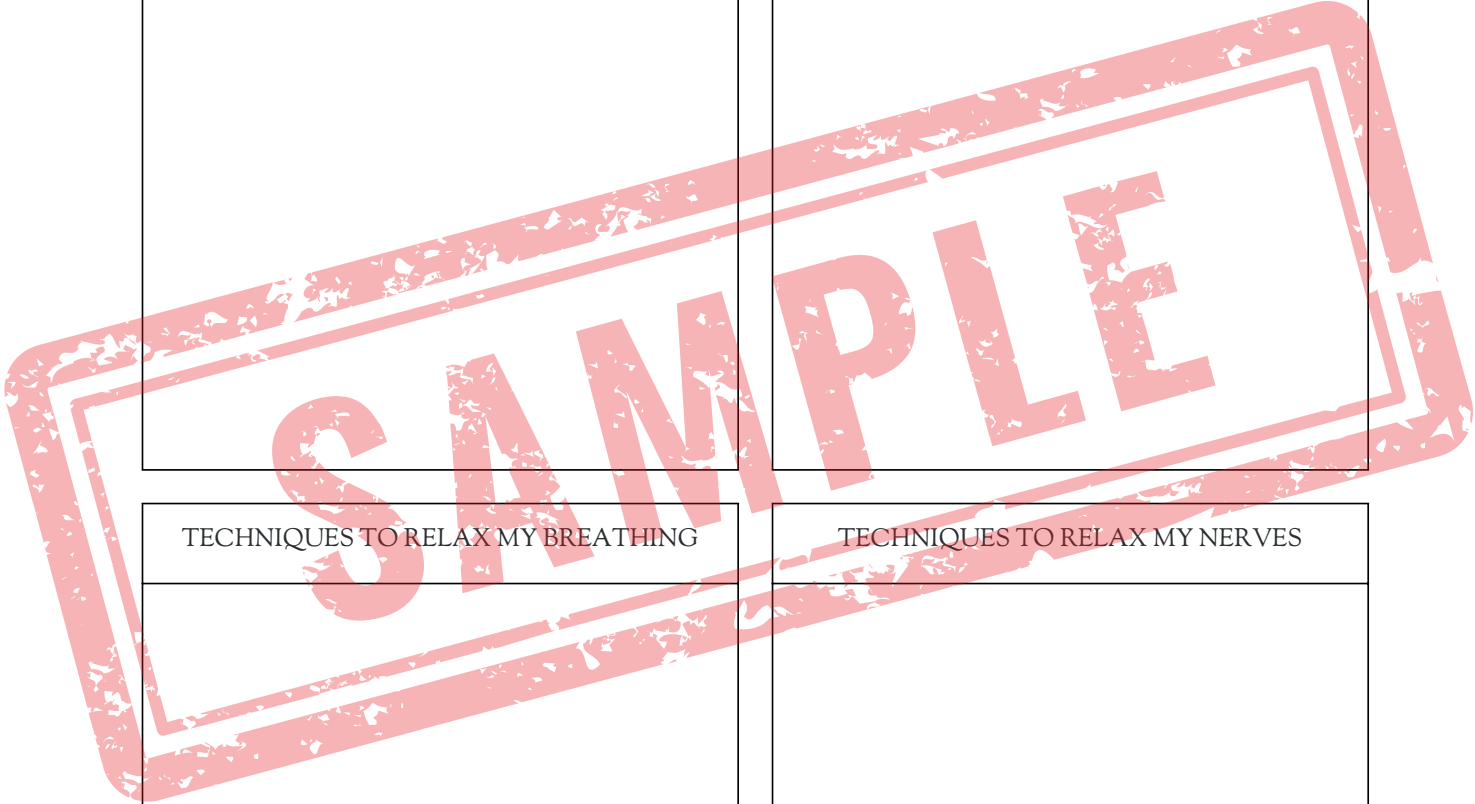
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TECHNIQUES TO RELAX MY BREATHING

--

TECHNIQUES TO RELAX MY NERVES

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APPOINTMENT PLANNER



DOCTOR/ CLINICIAN:	DATE: PLACE:
APPOINTMENT PURPOSE :	
QUESTIONS TO ASK : <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	
REMEMBER TO BRING :	
DOCTOR NOTES :	
AFTER APPOINTMENT TO DO LIST : <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	

SAMPLE

SETTING GOALS



MINDFUL GRATITUDE



I AM GRATEFUL FOR

MON	
THU	
WED	
THU	
FRI	
SAT	
SUN	

WHAT I LOVED THE MOST THIS WEEK

POSITIVE THOUGHTS



NEGATIVE THOUGHT	POSITIVE THOUGHT
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Diagram showing a transition from a negative thought to a positive thought, indicated by a curved arrow pointing from the negative box to the positive box.

NEGATIVE THOUGHT	POSITIVE THOUGHT
------------------	------------------

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NEGATIVE THOUGHT	POSITIVE THOUGHT
------------------	------------------

Diagram showing a transition from a negative thought to a positive thought, indicated by a curved arrow pointing from the negative box to the positive box.



DAILY PLANNER

DATE:



TODAY'S AFFIRMATION

TOP 3 TASKS

HOW I'M FEELING TODAY

GROUNDING ACTIVITIES

MORNING

NOON

EVENING

JOURNAL



DAILY TRACKER

DATE:



HOW ARE YOU FEELING TODAY:

WHAT WERE YOU DOING OR THINKING OF, BEFORE YOU WERE AWARE OF YOUR EMOTIONS?

WHY DO YOU THINK IT MADE YOU FEEL THIS WAY?

IF YOU COULD DO ANYTHING TO LIFT YOUR SPIRITS, WHAT WOULD IT BE?

THOUGHT PATTERNS

DATE:

WHICH THOUGHTS OCCUR MORE THAN OTHERS?

HAVE YOU NOTICED A PATTERN OF WHEN THIS HAPPENS?

IF YOU HAVE NOTICED A PATTERN, HOW CAN YOU BREAK THE CYCLE?

SAMPLE