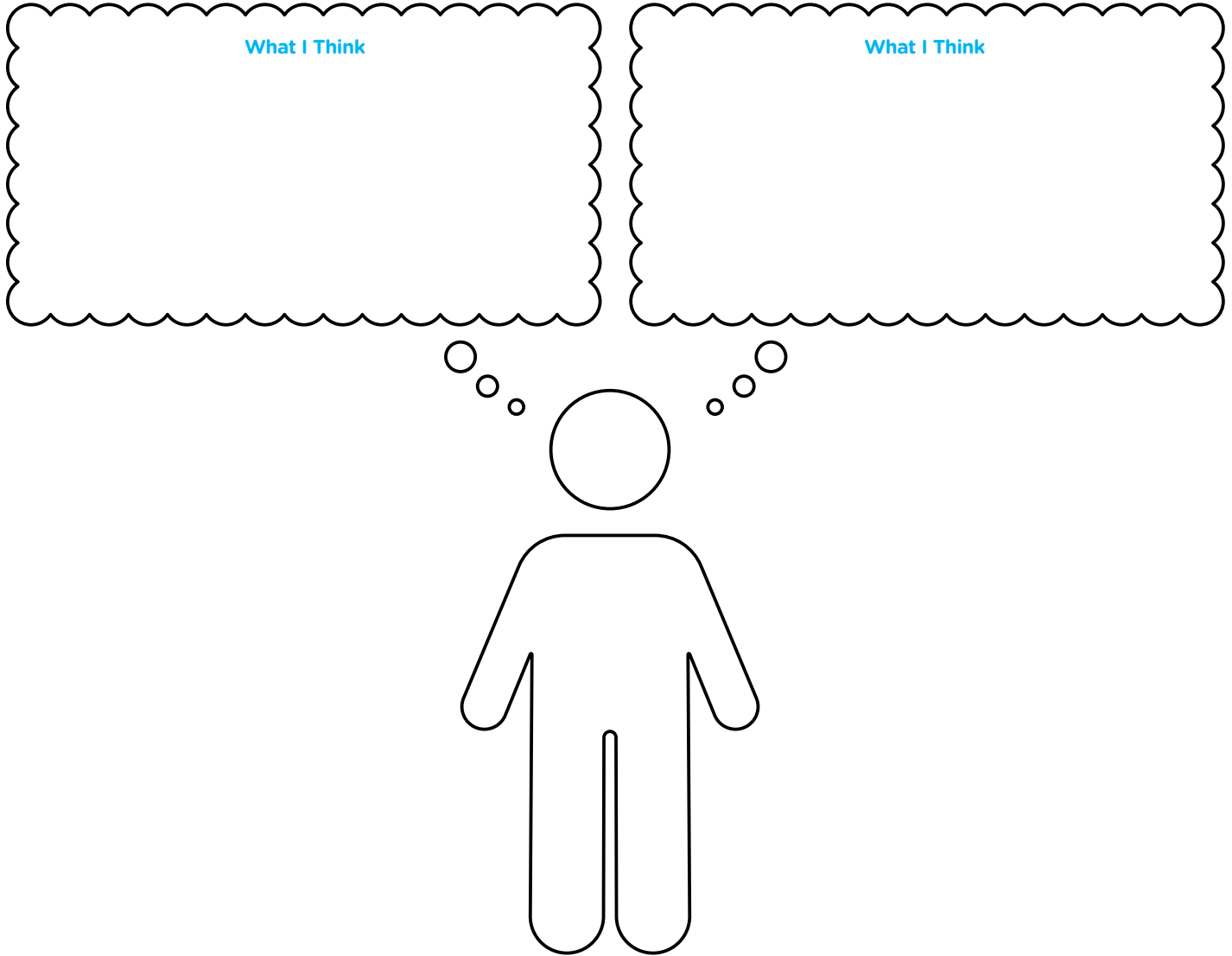


My Anxiety Plan

FOR EDUCATORS 

Anxiety and Me



What I do

How I Feel	
<input type="checkbox"/> Racing heart	<input type="checkbox"/> Heavy or tired muscles
<input type="checkbox"/> Trouble breathing	<input type="checkbox"/> Trembling and shaking
<input type="checkbox"/> Feels like I'm choking	<input type="checkbox"/> Upset stomach
<input type="checkbox"/> Dizzy or light-headed	<input type="checkbox"/> Blurry vision
<input type="checkbox"/> Sweaty	<input type="checkbox"/> Tightness in my chest
<input type="checkbox"/> Blushing	<input type="checkbox"/> Numbness or tingling in my hands or feet