



ANXIETY AND ME

<p>Family Beliefs</p>	<p>Important Life Events</p>	<p>Biological Factors</p>
<p>Daily Events</p>		
<p>What I Do</p>		<p>How I Feel</p> <ul style="list-style-type: none"> <input type="checkbox"/> racing heart <input type="checkbox"/> trouble breathing <input type="checkbox"/> feels like I'm choking <input type="checkbox"/> dizzy or light-headed <input type="checkbox"/> sweaty <input type="checkbox"/> trembling or shaking <input type="checkbox"/> blurry vision <input type="checkbox"/> tightness in my chest <input type="checkbox"/> numbness or tingling in hands or feet <input type="checkbox"/> blushing <input type="checkbox"/> heavy or tired muscles