

## Skill + Medication Plan for Anxiety

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Goals for the week (skills to practice, targets):

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### Your Medication Plan

| Medication | Dose | When to take | Notes |
|------------|------|--------------|-------|
|            |      |              |       |
|            |      |              |       |
|            |      |              |       |

### Daily Skills & Medication Tracker

| Day | Sleep (hrs) | Exercise (min) | Mindfulness (min) | Journaling (Y/N) | Meds                                                                                                                 | Anxiety 0-10 |
|-----|-------------|----------------|-------------------|------------------|----------------------------------------------------------------------------------------------------------------------|--------------|
| Mon |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |
| Tue |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |
| Wed |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |
| Thu |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |
| Fri |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |
| Sat |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |
| Sun |             |                |                   |                  | AM <input type="checkbox"/> Mid <input type="checkbox"/><br>PM <input type="checkbox"/> PRN <input type="checkbox"/> |              |

What helped today? (skills, thoughts, actions)

| Day | Notes |
|-----|-------|
| Mon |       |
| Tue |       |
| Wed |       |
| Thu |       |
| Fri |       |
| Sat |       |
| Sun |       |

*Tip: Aim for small, consistent actions. Pair your meds with a 5–10 minute calming skill (breathing, brief walk, mindfulness).*