

Anxiety Tracking Sheet

Week # _____

Action	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Level of anxiety/ worry (1-10)							
Anxiety Trigger: Negative thoughts, negative people, negative environment etc							
What did you do to relieve your anxiety?							
Did it help? (1-10)							
Any joint/body pain?							
Any Digestive symptoms?							
Any panic attack?							
Other symptoms like nausea, chest pain, palpitations or lightheadedness							

Functional Medicine is a personalized approach to identification of the root cause of disease and empowerment of individuals to heal themselves.

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