

Name: _____

Date: _____

Anxiety

L E J B I A R O U K V A P C J N N
W N X V P V H Z G W U W P B O O A
O G A E Y R E F L E C T C I D I Z
X A A S I K Q O J E B P T B E M O
I G W I R Y R E L A X A T I O N L
M E K C R K B X C N T N S U G A T
J A B R B E K F A I N Z V F T V Q
H Y P E Y Z D N D L G G G D Q X J
A M S X Q C X E C N V N N A T V M
P Y Q E X I M Q I I I O W I W J C
R Y F H E K G H V L T N M W P L V
P E M T V X T Z A S R N E P B O G
L F Y M E A M N J M L Z Q E A N C
L L Q Y E L R U P U J C G E V S B
E J Q R X U R E S T E Q V L N E J
A K B I O S Y L Y A B J T S L L S
S J P J L G A I N X O X I E L V Q

relaxation
breathing
reflect
sleep

journaling
exercise
engage
rest

meditation
anxiety
coping