

Trigger Tracking Journal

Date: _____ Time _____

1. What triggered my anxiety today?

(Describe the situation, event, thought, or feeling that seemed to start your anxiety)

2. Where was I?

(Environment or place where the trigger occurred)

3. How intense was my anxiety?

(Rate on a scale from 1 = mild to 10 = overwhelming)

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

4. Physical symptoms I noticed:

(e.g., racing heart, sweating, shaking, stomach upset)

5. Thoughts that ran through my mind:

(What worries, fears, or images did I notice?)

6. How did I respond?

(Actions, behaviors, coping tools used, or avoidance)

7. What helped me calm down (if anything)?

(Techniques, support, distractions, grounding, etc.)

8. What could I try next time to better manage this trigger?

(Ideas, new strategies, self-kindness reminders)

9. Reflection / Notes:

(Anything else I want to remember or learn from this experience)

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Thought Record Template

Date: _____

1. Situation:

Describe the event or moment that triggered your anxious thought.

2. Emotions felt:

List the emotions you experienced and rate their intensity (0-100%).

- Emotion 1: _____ Intensity: ____%
- Emotion 2: _____ Intensity: ____%
- Emotion 3: _____ Intensity: ____%

3. Automatic thought(s):

Write down the anxious or negative thought(s) that came to mind.

4. Evidence that supports this thought:

List facts or observations that seem to confirm the thought.

5. Evidence that challenges this thought:

List facts or observations that dispute or weaken the thought.

6. Alternative/balanced thought:

Create a more balanced, realistic, or compassionate thought.

7. Outcome:

How do you feel now? Rate the intensity of your original emotions again (0-100%).

- Emotion 1: _____ Intensity: _____%
- Emotion 2: _____ Intensity: _____%
- Emotion 3: _____ Intensity: _____%

8. Action plan / Next steps:

What can you do to cope with this thought or situation going forward?

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Weekly Sleep Tracker

Date	Day	Wake time	Total hours slept	Sleep quality scale (1-5)	Night waking? (yes/no)	Mood on waking	Notes
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						

Weekly Sleep Reflection

1. What helped you sleep better this week?

2. Were there any specific stressors or habits that disrupted your sleep?

3. What can you change or try next week for better sleep?

Digital Declutter Worksheet

Step 1: Assess your current screen time

- On average, how many hours per day do you spend on screens (phone, computer, TV, tablets)?
_____ hours
- Which apps or websites do you use the most? List your top 5:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Step 2: Identify stress triggers in your digital life

- Which digital activities increase your anxiety or stress? (e.g., social media, news, emails)

- How do you usually feel after using these apps/websites? (e.g., overwhelmed, jealous, tired)

Step 3: Set your digital boundaries

- Decide on screen-free times during your day (e.g., during meals, 1 hour before bed):

- List apps or notifications you will mute or delete to reduce distractions:
 1. _____
 2. _____
 3. _____
- Choose a daily screen time limit for non-work activities:
_____ minutes/hours

Step 4: Create a digital detox plan

- Choose a day or specific hours for a digital detox (no screens):

- List alternative calming activities to do during this time (e.g., walk, read, meditate):

1. _____
2. _____
3. _____

Step 5: Reflect on your progress

- After one week, how do you feel about your screen time habits?

- What changes have you noticed in your anxiety or mood?

- What will you continue to improve?

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My Personal Safety Plan

1. Warning signs

How do I know I'm starting to feel unsafe or overwhelmed?

(Write physical, emotional, or behavioral signs — e.g., fast heartbeat, racing thoughts, irritability, nausea)

- _____
- _____
- _____

2. Coping strategies I can use immediately

Healthy actions I can take on my own to calm down and stay safe.

(E.g., deep breathing, grounding exercise, coloring, going outside, stretching)

- _____
- _____
- _____

3. People I can reach out to

List 2–3 people you trust who can help or support you.

Name	Phone Number	Relationship	Can help by

4. Safe places I can go

Where can I go if I need to remove myself from my current environment?

- _____
- _____
- _____

5. Professional or emergency support

Therapist, doctor, helpline, or hospital.

Service/Name	Phone Number	Availability

6. Things that help me feel safe or grounded

What soothes or stabilizes me when I feel anxious or panicked?

(E.g., my pet, music, soft blanket, prayer, comforting phrase, warm tea)

- _____
- _____
- _____
- _____
- _____

7. Grounding statements or mantras to repeat

Affirming words to help calm my mind.

(E.g., “I am safe right now.” “This feeling will pass.” “I can ask for help.”)

- _____
- _____
- _____
- _____

8. My emergency plan (step-by-step)

What I will do if I feel like I’m losing control:

1. _____
2. _____
3. _____
4. _____
5. _____

Mindfulness Routine Checklist

1. Set your intention (1-2 minutes)

- Find a quiet, comfortable space
- Sit or lie down with a relaxed posture
- Take a moment to set your intention for this practice (e.g., “I will be present and gentle with myself.”)

2. Center with breath awareness (3-5 minutes)

- Close your eyes (if comfortable)
- Take slow, deep breaths; inhale through the nose, exhale through the mouth
- Focus on the sensation of breath entering and leaving your body
- If your mind wanders, gently bring your attention back to the breath

3. Body scan (5 minutes)

- Slowly shift your attention through your body, from head to toes
- Notice any areas of tension, warmth, or discomfort — observe without judgment
- Imagine releasing tension as you exhale

4. Mindful observation (3-5 minutes)

- Choose an object to focus on (e.g., a candle flame, a flower, a small stone)
- Observe its colors, shapes, textures, and any small details
- Notice your thoughts and feelings as you focus — allow them to come and go like clouds

5. Emotional check-in (2-3 minutes)

- Identify how you’re feeling right now (use an emotions wheel if needed)
- Accept your emotions without trying to change them
- Remind yourself it’s okay to feel this way

6. Closing affirmation (1-2 minutes)

- Repeat a calming affirmation quietly or aloud (examples below)
- Slowly open your eyes (if closed)
- Take one final deep breath and prepare to continue your day mindfully

Sample affirmations for closing

- “I am grounded, calm, and at peace.”
- “I accept myself just as I am.”
- “With each breath, I feel more centered.”
- “I am safe in this moment.”

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Support System Map Template

1. My inner circle (closest support)

People I trust most and feel comfortable sharing with:

- Name: _____ Relationship: _____ Phone/Contact: _____

- Name: _____ Relationship: _____ Phone/Contact: _____

- Name: _____ Relationship: _____ Phone/Contact: _____

2. Extended support

Other people who can support me, even if not as close:

- Name: _____ Relationship: _____ Phone/Contact: _____
- Name: _____ Relationship: _____ Phone/Contact: _____
- Name: _____ Relationship: _____ Phone/Contact: _____

3. Professional support

Therapists, counselors, doctors, or mental health professionals:

- Name: _____ Specialty: _____ Phone/Contact: _____
- Name: _____ Specialty: _____ Phone/Contact: _____

4. Community & online support

Groups, forums, or organizations that help with anxiety:

- Organization/Group: _____ Contact/Website: _____
- Organization/Group: _____ Contact/Website: _____

5. Crisis contacts / helplines

List local and global emergency or mental health hotlines you can call:

- _____
- _____

- _____

6. My self-care contacts

People or activities that help me feel calm and supported:

- _____
- _____

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Weekly Reflection

What patterns or triggers did I notice this week?

Which coping strategies worked best?

Which days were the most challenging? Why?

What small wins am I proud of this week?

What can I try or adjust next week?

One word to describe this week:

Gentle intention for the coming week:

Food and Mood Tracker

Day | Mon | Tue | Wed | Thu | Fri | Sat | Sun
Date

Time	What I ate	Mood before	Mood after	Physical symptoms	Energy (1-10)	Notes

WEEKLY REFLECTION

What meals made you feel your best

Foods to minimize or eliminate

Mindset shifts you noticed

New goals for the coming week

Brain Dump
