Chest Pain: Anxiety or Heart Attack?
Self-Check & Awareness Worksheet
Use this worksheet to track your symptoms, reflect on patterns, and stay prepared for both physical and emotional care. It can be printed, filled out digitally, or used during medical consultations.
∠ Section 1: Today's Experience
Date:
Time of episode:
Duration of discomfort:
Section 2: Describe Your Chest Pain
SYMPTOM DETAIL YES / NO NOTES
Pain is sharp or stabbing
Pain feels like heavy pressure
Pain changes with movement
Pain radiates to arm/jaw/back
Pain increases with stress
Pain increases with activity
Pain eases with breathing/relaxation
Pain lasted more than 15 minutes



Section 3: Other Symptoms Present

YES / NO NOTES **SYMPTOM**

Shortness of breath

SYMPTOM

YES / NO NOTES

Sweating

Dizziness or lightheadedness

Nausea or vomiting

Tingling in hands or arms

Rapid or racing thoughts

Sense of doom or fear

Cold extremities



Section 4: Did You Try Any Coping Methods?

TECHNIQUE

YES / NO DID IT HELP? (Y/N) NOTES

Deep breathing

Physiological sigh

Cold water splash

Holding ice cube

Grounding (5-4-3-2-1)

Lying down or meditating

Talking to someone

Calling emergency services



Section 5: Recent Health + Emotional Triggers

FACTOR

YES / NO NOTES

Emotional stress/trigger

(e.g. argument, fear, grief)

FACTOR	YES / NO NOTES	
Physical exertion	(e.g. exercise, lifting)	
Skipped meals		
Poor sleep in past 48 hours		
Caffeine or sugar overload		
Recent allergy symptoms		
Family history of heart issues	S	
Past anxiety or panic attacks		
Section 6: Spiritual Refle 1. What did I feel emotional		
2. Did I try to connect to a hi	igher power or calm inner voice	e?
3. Can I trust my body and so	oul more deeply moving forwa	rd?

Section 7: Next Steps / Emergency Notes

- I will seek immediate medical attention if:
 - Chest pain lasts longer than 15 minutes
 - o Pain radiates to arm/jaw/back
 - o Breathing becomes difficult
 - o I feel intense pressure or overwhelming fatigue



Section 8: Doctor's Review Section

Next appointment date:			
Questions to ask my doctor:			
1. —			
2. —			
3. —			
★ Section 9: Save This to Your Phone / Wallet			
Write an emergency contact & preferred hospital:			
ICE Contact Name:			
• Phone:			
Preferred Hospital / Clinic:			
© Cosmic Family Reminder:			
If you're experiencing recurring anxiety episodes, you're not alone. Healing is physical, emotional, and spiritual.			
Join the Cosmic Family for guided practices, safe conversations, and spiritual strength at			
bioandbrainhealthinfo.com			