

# Exam Anxiety Self-Assessment & Readiness Checklist

Know where you stand. Build your confidence. Walk in ready.

Name: \_\_\_\_\_

Exam: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

## REVISION COMPLETED

	Not started	Partially done	Mostly done	Fully revised
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English / Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PRACTICE PAPERS ATTEMPTED

Subject	No. of Papers	Avg Score (%)	Weak Topics Identified

## SLEEP QUALITY (last 7 nights)

## STRESS LEVEL SELF-RATING

Mon	Tue	Wed	Thu	Fri	Sat	Sun
___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs	___ hrs

1 Very Low	2 Low	3 Moderate	4 High	5 Very High
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Circle your current stress level above → Today I feel: \_\_\_\_\_

## CONFIDENCE RATING — How confident are you in each subject?

Subject	Confidence ( circle one )				
Mathematics	1	2	3	4	5
Science	1	2	3	4	5
English / Language	1	2	3	4	5
Social Studies	1	2	3	4	5
Other	1	2	3	4	5

# Healthy Habits · Reflection · Affirmations · Exam-Day Checklist

The final stretch — you've got this.

## HEALTHY HABITS CHECKLIST (tick each day you managed this)

Habit	M	T	W	T	F	S	S
Slept 7–9 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank 8 glasses of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate 3 balanced meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did some physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took study breaks (50–10 rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoided excessive caffeine / energy drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent time away from screens before bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## POSITIVE AFFIRMATIONS — Read these aloud. Mean them.

◆ I have prepared well and I am ready to do my best.

◆ One difficult question does not define my performance.

◆ I can stay calm, think clearly, and remember what I know.

◆ I am more than my exam results. I am capable and resilient.

◆ I choose progress over perfection.

Write your own affirmation here:

## SELF-REFLECTION

What have I prepared really well for?

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Which areas still need more attention?

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What is one worry I have, and how can I address it?

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What will I do differently next time?

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## FINAL EXAM-DAY CHECKLIST — The night before & morning of

### ■ Night Before

- Revision done — no more cramming tonight
- Stationery packed (pens, pencils, ruler, eraser, calculator if allowed)
- Admit card / hall ticket ready
- Alarm set for the morning
- In bed by \_\_\_\_:\_\_\_\_ PM (aim for 8 hours)