**

|  |
| --- |
|  |
| *MILE Prehabilitation* |
| *Worksheet 2: Exploring Worries and Concerns* |

|  |
| --- |
|  |

**

Thinking About Worries/Concerns - Self reflection

Take a few minutes to write some of your reflections of your experience

 of your own diagnosis and the questions below:

*What worries did you hear in the stories that you share?*

*What other kinds of worries/ fears have you noticed you are having?*

*When do you notice that worry is more or less present for you, for example, is it triggered by certain situations, places, people or times of the day?*

 0

 *Notes*