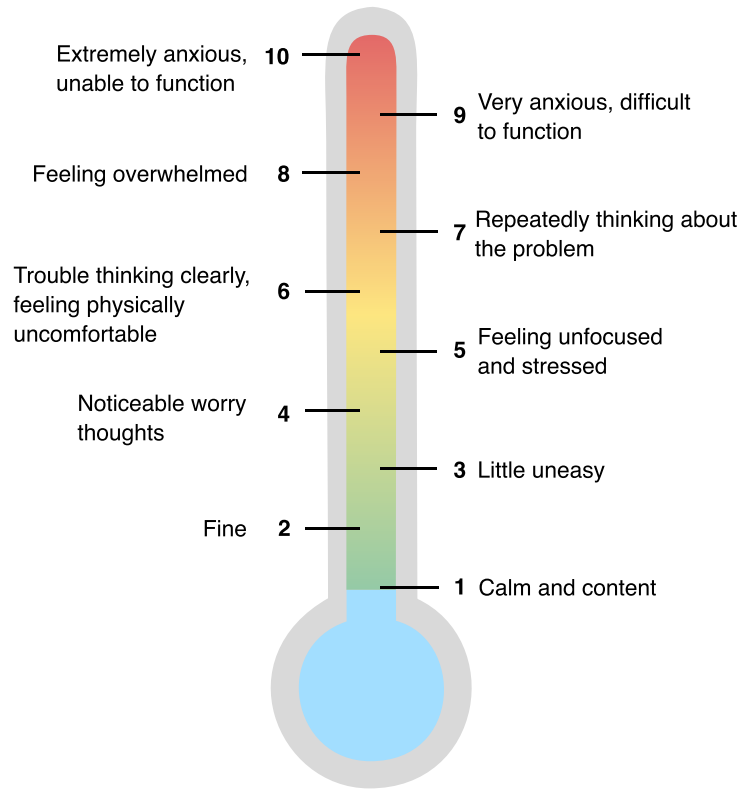


Anxiety Thermometer

Name:	Date:
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Situation/Trigger



Anxiety Level (0-10)

Before:	After:
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Symptoms Experienced

Comments/Notes

Next Steps/Action Plan

Follow-up Date:

Therapist/Support Person Signature:

Additional Comments/Feedback

Client Signature: