Anxiety Thermometer

Name:	Date:
Situation/Trigger	
Extremely anxious, unable to function Feeling overwhelmed Trouble thinking clearly, feeling physically uncomfortable Noticeable worry thoughts Fine	9 Very anxious, difficult to function 7 Repeatedly thinking about the problem 5 Feeling unfocused and stressed 3 Little uneasy
Anxiety Level (0-10)	
Before:	After:
Symptoms Experienced	
Comments/Notes	

Next Steps/Action Plan
Follow-up Date:
Therapist/Support Person Signature:
Additional Comments/Feedback
Client Signature: