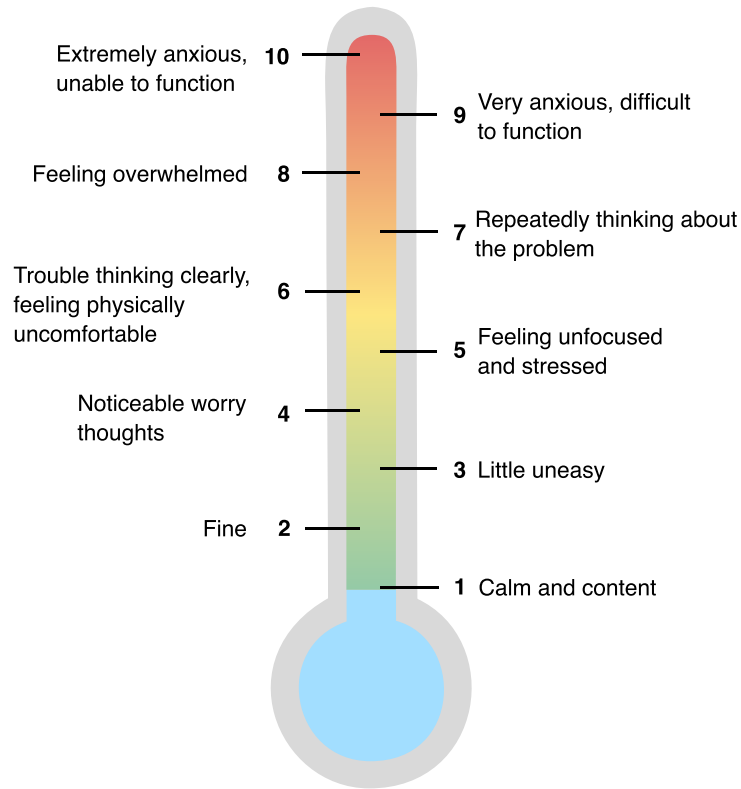


# Anxiety Thermometer

<b>Name:</b>	<b>Date:</b>
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**Situation/Trigger**



**Anxiety Level (0-10)**

<b>Before:</b>	<b>After:</b>
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**Symptoms Experienced**

**Comments/Notes**

**Next Steps/Action Plan**

Follow-up Date:

Therapist/Support Person Signature:

**Additional Comments/Feedback**

Client Signature: