

# Anxiety Monitoring Form

**BEHAVIORAL  
HEALTH  
CONSULTANT**

Date	Anxiety Level (0-10 scale)	Thoughts	Physical Response	Strategy Used	Final anxiety (0-10 scale)**
Example: 8/5/2014	6	<i>I'm at home alone. What if someone breaks in?</i>	<i>Heart is pounding, breathing faster, feel jittery</i>	<i>-Deep breathing -Balanced thinking -Distraction, I called a friend</i>	4

Anxiety Scale: 0= no symptoms of anxiety to 10= the most anxious I have ever felt

\*\*If your anxiety is still higher than what you would like, even after practicing a relaxation technique, add another technique or repeat the same one again until you are feeling comfortable and relaxed.