

# Anxiety Monitoring Scale

Name \_\_\_\_\_

Start Date \_\_\_\_\_

Instructions: At the same time each evening, mentally review the intensity of your anxiety/nervousness and then circle the number that best represents your mood level for the day.

Mood Scale 1-10	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Calm	1	1	1	1	1	1	1
	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
So-so	4	4	4	4	4	4	4
	5	5	5	5	5	5	5
	6	6	6	6	6	6	6
	7	7	7	7	7	7	7
Very Anxious	8	8	8	8	8	8	8
	9	9	9	9	9	9	9
	10	10	10	10	10	10	10

Comments/Observations:

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_