



Information from your Patient Aligned Care Team

Anxiety Monitoring Form

Date	Thoughts	Physical Response	Initial anxiety (0-10 scale)	Relaxation Exercise Used	Final anxiety (0-10 scale)**
	<i>Example: I'm at home alone. What if something happens and I can't take care of it?</i>	<i>Heart is pounding, breathing faster, feel jittery</i>	9	<i>Diaphragmatic breathing; also called a friend</i>	4

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

** If your level of 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.