Physiological Observations Worksheet

The purpose of this worksheet is to allow you to record your own observations about physical symptoms of anxiety. Please record at least one time per day between now and the next group meeting.

Observation Date:/_ / Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:

Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date:// Observation Time::
Observation Date:/ Observation Time: : Area of the Body Observed:
Area of the Body Observed:
Area of the Body Observed:
Area of the Body Observed: Physical Feelings Noticed:
Area of the Body Observed: Physical Feelings Noticed:
Area of the Body Observed: Physical Feelings Noticed:

Observation Date://_ Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:

Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date:// Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:
Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date://_ Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:

Your Thoughts About the Physical Feelings Noted Above:
Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):

Observation Date: / / Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
<u></u>
Your Thoughts About the Physical Feelings Noted Above:

Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date: / / Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:

Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date: / / Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:
Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):

Observation Date://_ Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:

Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date:// Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:
Your Thoughts About the Physical Feelings Noted Above:
Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):
Observation Date://_ Observation Time::
Area of the Body Observed:
Physical Feelings Noticed:

Your Thoughts About the Physical Feelings Noted Above:
Intensity of the Physical Feelings (where 1 is extremely mild, and 10 is almost unbearable):