

Anxiety Symptom Record

Date:

0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Strong Extreme

Symptoms Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Trembling/Twitchy/Shaky/Tingly | <input type="checkbox"/> Muscle Tension |
| <input type="checkbox"/> Fatigue/Listless | <input type="checkbox"/> Shortness/ Rapid/ Breathing |
| <input type="checkbox"/> Sweating/Clammy Hands | <input type="checkbox"/> Dry Mouth |
| <input type="checkbox"/> Nausea/Diarrhea/Cramps | <input type="checkbox"/> Hot Flashes/Chills |
| <input type="checkbox"/> Trouble Swallowing/Trouble talking/Stuttering. | <input type="checkbox"/> Keyed Up/On Edge |
| <input type="checkbox"/> Trouble Sleeping/Jolted Awake | <input type="checkbox"/> Difficulty Concentrating |
| <input type="checkbox"/> Restlessness/Agitation | <input type="checkbox"/> Frequent Urination |
| <input type="checkbox"/> Pounding/Racing Heart/chest pain | <input type="checkbox"/> Jumpy/Easily Startled |
| <input type="checkbox"/> Dizzy/Lightheaded | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Tunnel Vision/ Shifty Vision | <input type="checkbox"/> Hearing Loss/Muffled//Tinnitus |
| <input type="checkbox"/> Sensitivity
Light/Sounds/Touch/Smell | <input type="checkbox"/> Hypervigilance |