How Do You Feel?

Date: ______________ Name: ______________

BEFORE

The Distress Thermometer

Try to rate your feelings of distress, fear, discomfort, or anxiety on the thermometer

1. Highest distress, fear, anxiety, discomfort that you have felt
2. Moderate distress, fear, anxiety or discomfort
3. Totally relaxed

AFTER

The Distress Thermometer

Try to rate your feelings of distress, fear, discomfort, or anxiety on the thermometer

1. Highest distress, fear, anxiety, discomfort that you have felt
2. Moderate distress, fear, anxiety or discomfort
3. Totally relaxed