

WEEKLY LOG SUMMARY - WORRYING/SCARED

Name _____ Age _____ Week of _____ Name of Observer(s) _____

I. WORRY PROFILE (MARK HIGHEST WORRY LEVEL EACH HOUR)

	(A.M.)							(P.M.)																
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
MON																								
TUE																								
WED																								
THUR																								
FRI																								
SAT																								
SUN																								

(CODE)

- (1) - *No WORRY OR BEING SCARED; general feeling of wellbeing.*
 - (2) - *A Little WORRY OR BEING SCARED; no interference with home, school, or play activities.*
 - (3) - *Some WORRY OR BEING SCARED; symptoms of worry or fright take effect in settings but interfere little.*
 - (4) - *Much WORRY OR BEING SCARED; many symptoms of worry or fright and interference with activities.*
 - (5) - *Very Much WORRY OR BEING SCARED; general inability to engage in home, school, or play activities.*
- (N) - *Slept all of the hour; general feeling of wellbeing.*
 - (A) - *Awoke during part of the hour.*
 - (NM) - *Woke up because of nightmare.*

II. EXTERNAL SOURCES OF WORRY - List several things that you related to this week that caused or resulted in any significant discomfort to you.

1. _____
2. _____

III. INTERNAL SOURCES OF WORRY - Internal Sources: List any recurring worries that caused or resulted in any feeling of discomfort to you.

1. _____
2. _____