

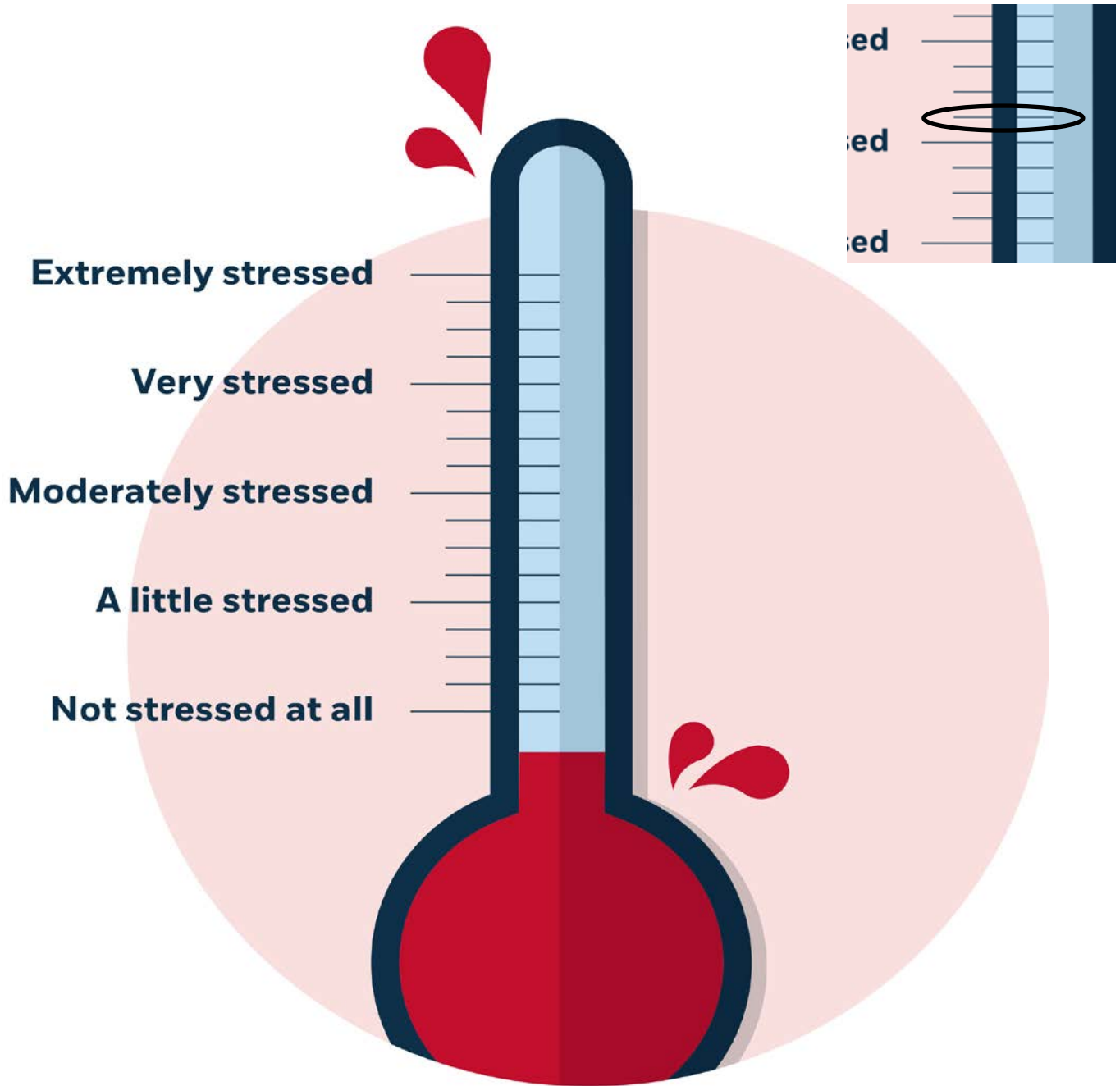
My Stress Thermometer – for caregivers

Caregiver Name: _____

Patient Name: _____ Patient DOB: _____ Date: _____

*STRESS: Feeling tense, nervous, anxious, restless, or unable to sleep because your mind is troubled all the time.**

Please CIRCLE the line that represents your current stress level



ID: _____ Date: _____

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Pat Qst50113