

ANXIETY ASSESSMENT:

NAME:

Today's Date: __/__/____

This is a questionnaire that assists you to “quantify” your anxiety levels: Think of how you have been feeling over the last month and tick inside the box which most closely corresponds to how you feel about each description in **both** the regularity and severity sections. (i.e. You will have two ticks in each row next to each description, one for regularity and one for severity.)

	<u>REGULARITY</u>					<u>SEVERITY</u>				
	Never	Rarely	Someti mes	Often	Always	None	Mild	Moderat e	Severe	Unbear able
“Spaciness”										
“What if” thinking										
Acidic stomach or heartburn										
Analytical										
Chest pain										
Dwell on mistakes										
Expecting the worst										
Fatigue, low energy										
Fear embarrassment										
Fear rejection										
Fear speaking in front of a group										
General Stress										
Light headedness										
Lonely										
Nervous and/or insecure										
Paranoia										
Perfectionism										
Rapid or Uneven Heartbeat										
Self-critical										
Sensitive										
Shy and/or Introverted										
Sweaty Palms										
Tension headaches										
Trouble sleeping										
Worry										
Multiply # in each column	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =
SUBTOTAL										
TOTAL										

Subtotal severity: Minimal = 0-20, Mild = 21-40, Moderate = 41-60, Significant = 61-80, Severe = 81-100; Total severity: Minimal = 0-40, Mild = 41-80, Moderate = 81-120, Significant = 121-160, Severe = 161-200.