

ANXIETY SCREENING TEST

	Not at all				All the time
	0	1	2	3	4
1. I am able to relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I tend to focus on upsetting situations or events happening in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel fearful for no reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am as happy as the people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have diarrhea, constipation, or other digestive problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have a dry mouth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When someone snaps at me, I spend the rest of the day thinking about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. No matter what I do, I can't get my mind off my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am easily alarmed, frightened, or surprised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I experience shortness of breath or choking feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My muscles are tense, aching, or sore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have sweaty or cold, clammy hands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I spend time wondering why I feel the way I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am afraid of crowds, being left alone, the dark, of strangers, or of traffic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I faint or feel like fainting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have difficulty swallowing or have a "lump in throat" feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I experience twitching, trembling or shaky feelings.
18. I think a lot about why I do the things I do.
19. I am easily irritated.
20. I feel futile.
21. I have hot and/or cold flashes.
22. I think about all the things I have not yet accomplished.
23. I have trouble falling or staying asleep.
24. I feel dizzy or light-headed.
25. I feel tired.
26. I am decisive.
27. I am afraid of what awaits me in the future.
28. I get numbness and/or tingling feeling in my extremities
(i.e. hands, feet, etc.).
29. I have difficulty concentrating or remembering things.
30. I have palpitations, pounding heart, or accelerated heart rate.
31. I have to empty my bladder frequently.
32. I can think about a problem for hours and still not feel that the issue is
resolved.
33. I think about how unsatisfied I am with my life.
34. I worry a lot.
35. I feel tense or on edge.
36. I have headaches or neck pain.
37. I worry about my health or dying.

38. I have nightmares.



39. I have less interest in activities that I normally enjoyed.



40. I feel good about myself.



41. I feel I am losing control.



42. To me, the world is a scary place.



SCORES

Add the numbers on top of each column for a possible score between 0 and 168

If you scored...

Then...

0 – 42

No anxiety

43 - 84

Mild to little anxiety

85 - 126

Moderate anxiety

127 & up

Severe anxiety