

Anxiety Assessment

This is a self-scoring assessment. Take the assessment before you begin the e-course, during, and after you finish. It will give you a concrete way to chart your progress.

Each item is scored on a scale of 0 (no symptoms) to 4 (max symptoms) with a total score range of 0–56. Scores less than 17 indicate mild anxiety, 18–24 mild to moderate anxiety and 25–30 moderate to severe anxiety.

1. Anxious Disposition - 0 1 2 3 4

Worry a lot, anticipate worst case scenarios, apprehension, foreboding, irritability.

2. Mental distress- 0 1 2 3 4

Brain fog, concentration difficulty, rumination, poor memory recall, racing thoughts,

3. Body Tension- 0 1 2 3 4

Keyed up, constantly in alert mode, sensitive startle response, shed tears easily, trembling, feelings of restlessness, inability to relax.

4. Generalized fears- 0 1 2 3 4

Animals, the dark, social settings, being left alone, crowds, the future.

5. Sleep Complications- 0 1 2 3 4

Difficulty falling asleep or staying asleep, fatigue, nightmares, night terrors.

6. Depressed mood- 0 1 2 3 4

Loss of interest in things you used to enjoy, lack of pleasure, general sadness, sleep a lot, crying a lot, low energy, irritability

7. Body pains- 0 1 2 3 4

Muscle tension, Pains and aches, twitching, stiffness, grinding of teeth, stomach pains.

8. Somatic (sensory) issues- 0 1 2 3 4

Blurry vision, hot and cold flushes, feelings of weakness, pricking sensation

9. Cardiovascular symptoms- 0 1 2 3 4

Excessive heart palpitations, chest pains, throbbing, light-headed, excessive sweating.

10. Respiratory symptoms 0 1 2 3 4

Pressure or constriction in chest, choking sensations, sighing, shortness of breath.

11. Gastrointestinal symptoms- 0 1 2 3 4

Difficulty in swallowing, stomach pain, burning sensations, bloated, nausea, vomiting, diarrhea, loss of weight, constipation.

12 Genital & Urinary symptoms- 0 1 2 3 4

Frequent urination, missed menstrual cycles, abnormally heavy menstrual bleeding, development of frigidity, premature ejaculation, loss of libido, impotence.

13. Behavior when under pressure 0 1 2 3 4

Stuttering, memory recall difficulties, yawning, excessive sweating, fidgeting, restlessness or pacing, tremor of hands, furrowed brow, muscle tightness, sighing, excessive swallowing

14. Autonomic Arousal- 0 1 2 3 4

Dry mouth, flushing, excessive sweating, tension, headaches, hair standing on edge, excessive heart beats, skin getting hot.

Total Anxiety Score: (Add every number, total your score) _____

Date: _____

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**Assessment is a conglomerate of numerous anxiety scale assessments & personal clinical experience*