

Self-Evaluation Anxiety Assessment

Date: _____

Recall the last five days and rate the following:

Category 1: Anxious Feelings (7)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
I worry about the future or upcoming events					
I experience sudden feelings of panic					
I feel tense, stress, uptight, on edge					
I feel like something terrible is going to happen					
I feel strange, like I'm out of body, or like I'm in a movie					
I feel on the verge of losing control					
I feel objects need to be perfectly in their place					
Total Score on Items 1 - 7					

Category 2: Anxious Thoughts (15)	Not At All	Rarely	Sometimes	Often	A Lot
I have difficulty concentrating or experience racing thoughts					
I have nightmares					
I dwell, obsess, and can't stop thinking					
I have terrible, frightening thoughts or memories					
I worry about myself or other people dying					
I fear having panic or anxiety attacks					
I fear going places					
I have a fear of passing out or fainting					
I worry about major medical problems or illness					
I worry about saying or doing something embarrassing					
I get anxious eating or talking with other people					
I fear being alone or abandoned					
I fear vomiting or losing control of my bowels					
I fear others will find out my secret					
I have a fear of germs					
Total Score on Items 8 - 22					

Category 3: Anxious Behaviors <small>(14)</small>	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
Avoid going places or doing things					
Isolates, withdraws from others, avoids phone					
Avoids places where I can't get out quickly: elevators, malls, theaters, underground parking					
Avoids public restrooms and holds bowels					
Repetitive washing or grooming					
Repetitive cleaning, vacuuming, dusting					
Repetitive checking of doors, stove, math, etc.					
Repetitive counting of anything					
Performs certain behaviors to avoid something bad from happening					
Tasks must be done in a certain order or way					
Compulsive picking, pulling of skin or hair					
Always on the go, unable to relax					
Walks, eats, drives, talks or works fast					
Drinks alcohol or uses drugs to relax					
	Total Score on Items 23 - 36				

Category 4: Physical Symptoms <small>(14)</small>	Not At All	Rarely	Sometimes	Often	A Lot
I experience a racing or pounding heart					
I feel pain, pressure or tightness in chest					
I feel tingling in my hands and/or feet					
I feel dizzy, lightheaded, or off balance					
I feel a lump in throat or choking sensation					
I breathe fast or feel like I can't catch my breath					
I sweat profusely					
I experience butterflies in stomach					
I experience constipation or diarrhea					
I have hot flashes or cold chills					
I feel tired, weak, exhausted					
I experience trembling or shaking					
I experience muscle tension or headaches					
I feel restless, like I can't sit still					
	Total Score on Items 37 - 50				
	Total Score				

