

[Ken Goodman: Anxiety & OCD Treatment of the Valley](#)

Anxiety Self-Assessment Questionnaire

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 feel uncomfortable in social situations					
I experience sudden feelings of panic					
I feel tense, stress, uptight, on edge					
I feel like something terrible is going to happen					
I feel like I'm in a movie or out of my body					
I feel on the verge of losing control					
I feel things must feel just right or perfect					
Total Score on Items 1 - 7					

Category 2: Anxious Thoughts (16)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
My thoughts race & I have trouble concentrating					
I have difficulty falling asleep or 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 worry about the future or upcoming events					
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 think people are judging me or staring at me					
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 - 23					

Category 3: Anxious Behaviors (14)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
I avoid going places due to anxiety or fear					
I am quiet in social situations					
I avoid places I can't get out quickly (elevators)					
I avoids public restrooms and holds bowels					
I wash or clean excessively or repetitively					
I engage in repetitive behaviors: checking, praying, counting, etc.					
I do certain rituals to make sure I'm safe					
I do task in a certain order and I make sure items in their proper place					
I avoid social situations due to discomfort					
I avoid hearing certain sounds					
I pick my skin or pull my hair					
I'm always on the go, unable to relax					
I walk, eat, drive, talk or work fast					
I drink alcohol or use drugs to relax					
	Total Score on Items 24 - 37				

Category 4: Physical Symptoms (13)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
I feel my heart race or pressure in my chest					
I feel tingling in my hands and/or feet					
I feel dizzy, lightheaded, or off balance					
I feel nauseous					
My breathing is fast, labored, or lump in throat					
I sweat profusely or blush					
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, shaking or jitters					
I experience muscle tension or headaches					
I feel restless, like I can't sit still					
	Total Score on Items 38 - 50				
	Total Score				