

Anxiety Self-Assessment Questionnaire

Name: _____ Date: _____

Recall the last 7 days and rate each item on a scale of 0 to 4 with 4 being the most intense and frequent and 0 being an absence of symptoms.

Category 1: Anxious Feelings (7)	Rate 0, 1, 2, 3, 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 be just right or perfect		
	Total Score on Items 1-7	

Category 2: Anxious Thoughts (16)	Rate 0, 1, 2, 3, 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 fear passing out, vomiting, having a heart attack, or losing control of my bowels		
I worry about major medical problems or illness		
I worry about embarrassing myself		
I think people are judging me or staring at me		
I fear being alone or abandoned		
I have "what if" thoughts about many situations		
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⁾	Rate 0, 1, 2, 3, 4	
I avoid going places out of my comfort zone		
I avoid or am quiet in social situations		
I avoid places I can't get out quickly		
I avoids public restrooms and holds my bowels		
I seek reassurance from others or online		
I engage in repetitive behaviors: checking, praying, counting, washing, cleaning, etc.		
I do certain rituals to make sure I'm safe		
I do tasks in a certain order and I make sure items in their proper place		
Anxiety affects my appetite. Eat more or eat less		
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⁾	Rate 0, 1, 2, 3, 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	