

Anxiety Questionnaire

This questionnaire offers you choices. There are no right or wrong answers. Simply circle the number that best describes the way you feel during the past week. Take as long as you like to give the most honest answer.

	Never	Some of the time	Good part of the time	Most or All of the time.
I feel more nervous and anxious than usual.	1	2	3	4
I feel afraid for no reason at all.	1	2	3	4
I get upset easily or feel panicky.	1	2	3	4
I feel like I'm falling apart and going to pieces.	1	2	3	4
I feel that everything is alright and nothing bad will happen.	4	3	2	1
My arms and legs shake and tremble.	1	2	3	4
I am bothered by headaches, neck and back pain.	1	2	3	4
I feel weak and get tired easily.	1	2	3	4
I feel calm and can sit still easily.	4	3	2	1
I can feel my heart beating fast.	1	2	3	4
I am bothered by dizzy spells.	1	2	3	4
I have fainting spells or feel faint.	1	2	3	4
I can breathe in and out easily.	4	3	2	1
I get feelings of numbness in my fingers and toes.	1	2	3	4
I am bothered by stomach aches or indigestion.	1	2	3	4

I have to empty my bladder often.	1	2	3	4
My hands are usually dry and warm.	4	3	2	1
My face gets hot and blushes.	1	2	3	4
I fall asleep easily and get a good night's rest.	4	3	2	1
I have nightmares.	1	2	3	4

SCORE CALCULATION:

TOTAL SCORE: _____

Add the total points that correspond with your circled marks.

Below 30: LOW anxiety

30-45: MODERATE anxiety

46-60: EXTREME anxiety

Above 60: SEVERE anxiety

Good for you, your anxiety is in check

Seek help and/or support.

Anxiety Disorders

Are treatable!!!