

# Anxiety Screening

**INSTRUCTIONS:** The symptoms of anxiety can be divided into those affecting your feelings, thoughts, and body. To find out the level of your anxiety, fill in the space to the right that describes how much that symptom or problem has bothered you during the past week. You can add up your score and interpret the scale at the end.

0 = Not at all

1 = Somewhat

2 = Moderately

3 = A lot

## CATEGORY I. ANXIOUS FEELINGS

	0	1	2	3
1. Anxiety, nervousness, worry, fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling that things around you are strange, unreal, or foggy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feeling detached from all or part of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sudden, unexpected panic spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Feeling tense, stressed, "uptight," or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CATEGORY II. ANXIOUS THOUGHTS

	0	1	2	3
6. Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Racing thoughts or having your mind jump from one thing to another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Frightening fantasies or daydreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Feeling that you're on the verge of losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Fears of "cracking up" or going crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Fears of fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Fears of physical illness or heart attacks or dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Concerns about looking foolish or inadequate in front of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fears of being alone, isolated, or abandoned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fears of criticism or disapproval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Fears that something terrible is going to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CATEGORY III. PHYSICAL SYMPTOMS**

0      1      2      3

17. Skipping or racing or pounding of the heart (palpitations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Pain, pressure, or tightness in the chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Tingling or numbness in the toes or fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Butterflies or discomfort in the stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Constipation or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Restlessness or jumpiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Tight, tense muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Sweating not brought on by heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. A lump in the throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Trembling or shaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Rubbery or "jelly" legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Feeling dizzy, light-headed, or off-balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Choking or smothering sensations, difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Headaches or pains in the neck and back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Hot flashes or cold chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Feeling tired, weak, or easily exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOTAL FOR 1-32:** \_\_\_\_\_**INTERPRETING YOUR ANXIETY SCORE:**

5 or below = Minimal

6 - 15 = Mild

16 - 30 = Moderate

31- 50 = Severe

Over 50 = Extreme

**NOTE:** If your score reflects in the mild, moderate, severe or extreme anxiety range, please consider seeing a mental health professional.

The purpose of this scale is only to provide you with information about this mental health topic. As scores on such scales can be influenced by many factors, please use caution in your interpretation of these results. If you have any questions about this scale, or for more information about mental health services, you are encouraged to contact a mental health professional.

Modified Form from Boulder Psychotherapists' Guild Inc.