

ANXIETY INVENTORY

I. Use the following scale to indicate whether, or how often in the past three or four weeks you've had feelings like those described in the numbered items below.

- 0 = Not at all
- 1 = Only a little
- 2 = Sometimes
- 3 = A lot
- 4 = Almost all the time

1. Worried a lot about different things, even though nothing has happened or changed that should make you worry _____
2. Vaguely apprehensive, as though something bad were about to happen, even though you don't know what it is _____
3. You try to keep busy and tell yourself there's nothing to worry about, but just can't shake this feeling _____
4. Nervous and anxious, dreading the worst but not knowing what you're afraid of in particular _____
5. Wish you could stop worrying, but just can't _____
6. Even when you're busy or having a good time that anxious feeling is in the background or creeps into what you're doing _____

II. Using the same scale, indicate whether the following feelings have been a problem for you in the past three or four weeks?

1. Feeling nervous or jittery, characterized by any or all of the following: _____
 - Heart beats too fast or too hard
 - "Butterflies" in my stomach
 - Frequent urination and/or diarrhea
 - Cold fingers or clammy hands
2. Get tired easily, with any or all of the following symptoms: _____
 - Tired all the time
 - Body aches and pains
 - Headaches
 - Feel like I can't get enough breath, taking big sighing breaths
 - Feel kind of weak, with pins-and-needles in arms and legs, or whole body

3. Hard to concentrate, characterized by any or all of the following: _____
 Mind goes blank when I'm talking or trying to remember things
 Absent-minded or forgetful (locking keys in car; leaving lunch
 or briefcase at home; forgetting appointments)
 Losing or misplacing things
 Can't get organized, go "around in circles"
 Mind wanders when I try to read or watch TV
4. Feel grouchy or on-edge, including any or all of the following: _____
 Impatient, easily annoyed
 "Short fuse," tend to "fly off the handle"
 Fidgety, restless, can't sit still or stick with a task
 Jumpy, easily startled
 Nervous habits, like drumming fingers, biting nails
5. Tense muscles, feel "tied in knots," with any or all of the following: _____
 I can't seem to relax
 Can't get "turned on" very easily
 Difficulty swallowing
 Feeling of tightness in my head or chest
 Clenched teeth or tight jaw
6. Trouble with sleep, characterized by any or all of the following: _____
 Hard time falling asleep
 If I fall asleep I wake up "nervous" and can't go back to sleep
 Even when I sleep it's not restful, I "toss and turn"
 I have bad dreams or recurring anxious dreams
 Feel kind of "afraid" to go to bed or go to sleep

III. The next section of the questionnaire has to do with how difficult it's been for you to do your work, take care of things at home or get along with other people. In the past three or four weeks, have your feelings interfered with any of the following areas of your life or behavior?

- 0 = Not at all
- 1 = Only a little
- 2 = Sometimes
- 3 = A lot
- 4 = Almost all the time

1. How you take care of personal business, e.g. paying bills, maintaining your car, cleaning your house, keeping appointments _____
2. How you get along with people close to you, e.g. friends and family members (or how they seem to get along with you) _____
3. How you do your job, e.g. meeting deadlines, being on time, calling in sick, making mistakes, not seeming to get much done _____
4. How you get along with people at work (or how they seem to get along with you) _____

5. How you take care of yourself regarding such things as: _____
Bathing
Keeping hair clean and well-groomed
Having clothes clean and ready to wear
Preparing meals or eating regularly
Taking medications

6. How you take care of your children or pets, regarding such things as: _____
Feeding
Grooming
Attention
Exercise or play
Routine appointments, e.g., medical, lessons or training, sports

IV. If you've been anxious or worried in the past three or four weeks, circle a number below to indicate how bothered you are by these feelings.

- 0 = Hardly at all
- 1 = Only a little bit
- 2 = Some
- 3 = A lot
- 4 = Almost more than I can handle

SCORING

To score your test:

- 1. Add up all your points to obtain a total score.
- 2. Find your score on the Interpretation table below.

Overall Score	Levels of Anxiety
0 -- 11	Normal
12 -- 31	Mild to Moderate Anxious mood
32 -- 43	Mild clinical anxiety
44 -- 52	Moderate clinical anxiety
53 or more	Severe clinical anxiety

You should not take this score to represent a diagnosis of mental disorder, or a recommendation for any type of behavioral healthcare treatment. Always consult with a trained mental health professional if you are concerned about difficult feelings or about problems in your daily functioning.