

ANXIETY INVENTORY

Name: _____

Date: _____

0 = Never

1 = Rarely

2 = Occasionally

3 = Frequently

Category I: Anxious Feelings	0	1	2	3
1. Anxiety, nervousness, worry or fear.				
2. Feeling that things around you are strange, unreal or foggy.				
3. Feeling detached from all or part of your body.				
4. Sudden unexpected panic spells.				
5. Apprehension or a sense of impending doom.				
6. Feeling tense, stressed, "uptight", or on edge.				
Category II: Anxious Thoughts	0	1	2	3
7. Difficulty concentrating.				
8. Racing thoughts or having your mind jump from one thing to the next.				
9. Frightening fantasies or daydreams.				
10. Feeling that you're on the verge of losing control.				
11. Fears of cracking up or going crazy.				
12. Fears of fainting or passing out.				
13. Fears of physical illnesses or heart attacks or dying.				
14. Concerns about looking foolish or inadequate in front of others.				
15. Fears of being alone, isolated, or abandoned.				
16. Fears of criticism or disapproval.				
17. Fears that something terrible is about to happen.				
Category III: Physical Symptoms	0	1	2	3
18. Skipping or racing or pounding of the heart (also called palpitation)				
19. Pain, pressure, or tightness in the chest.				
20. Tingling or numbness in the toes or fingers.				

Category III: Physical Symptoms (continued)	0	1	2	3
21. Butterflies or discomfort in the stomach.				
22. Constipation or diarrhea.				
23. Restlessness or jumpiness.				
24. Tight, tense muscles.				
25. Sweating not brought on by heat.				
26. A lump in the throat.				
27. Trembling or shaking.				
28. Rubbery or "jelly" legs.				
29. Feeling dizzy, light-headed, or off balance.				
30. Choking or smothering sensations or difficulty breathing.				
31. Headaches or pains in the neck or back.				
32. Hot flashes or cold chills.				
33. Feeling tired, weak, or easily exhausted.				