

Anxiety Screening Scale

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 1 – Anxious Feelings

	0	1	2	3
1. Anxiety, nervousness, worry or 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, stress, “uptight” or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Category 2 – 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"/>

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Category III – Physical Symptoms

	0	1	2	3
17. Skipping or racing or pounding heart.	○	○	○	○
18. Pain, pressure or tightness in the chest	○	○	○	○
19. Tingling or numbness in the toes or fingers.	○	○	○	○
20. Butterflies or discomfort in the stomach.	○	○	○	○
21. Constipation or diarrhea.	○	○	○	○
22. Restlessness or jumpiness	○	○	○	○
23. Tight, tense muscles.	○	○	○	○
24. Sweating not brought on by heat.	○	○	○	○
25. A lump in the throat.	○	○	○	○
26. Trembling or shaking	○	○	○	○
27. Rubbery or “jelly” legs.	○	○	○	○
28. Feeling dizzy, light-headed or off-balance.	○	○	○	○
29. Choking or smothering sensations, difficulty breathing	○	○	○	○
30. Headaches or pains in the neck and back.	○	○	○	○
31. Hot flashes or cold chills.	○	○	○	○
32. Feeling tired, weak or easily exhausted.	○	○	○	○

TOTAL FOR 1-32: _____

<p>INTERPRETING YOUR ANXIETY SCORE:</p> <p>5 or below = Minimal 6 - 15 = Mild 16 - 30 = Moderate 31- 50 = Severe Over 50 = Extreme</p>	<p>NOTE: If your score reflects in the mild, moderate, severe or extreme anxiety range, please consider seeing a mental health professional.</p>
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Client Name

Date