

Name: _____

Date: _____

Instructions: The following is a list of symptoms that people sometimes have. Put a check ✓ in the space to the right that best describes how much that symptom or problem has bothered you during this past week. After completing, download to your desktop and upload to your client portal.		0 = Not At All	1 = Somewhat	2 = Moderately	3 = A Lot
Category I: Anxious Feelings					
1	Anxiety, Nervousness, Worry, and 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					
7	Difficulty concentrating				
8	Racing thoughts or your mind jumps 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 illness 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					
18	Skipping or racing or pounding of the heart (palpitations)				
19	Pain, pressure, or tightness in the chest				
20	Tingling or numbness in the toes or fingers				
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, lightheaded, 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				
Add up your total score for the 33 symptoms and record it here.					
		DATE:			

Total Score	Degree Of Anxiety	Your Score
0-4	Minimal or No Anxiety	
5-10	Borderline Anxiety	
11-20	Mild Anxiety	
21-30	Moderate Anxiety	
31-50	Severe Anxiety	
51-99	Extreme Anxiety or Panic	