

# Anxiety: Self-Report Inventory

**DIRECTIONS:** Please read each statement and circle a number (0, 1, 2 or 3) which indicates how much the statement applied to you over the past week. There is no right or wrong answer. Do not spend too much time on any statement. The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me a considerable degree, or a good part of the time
- 3 Applied to me very much, or most of the time

## Anxiety –Self Report

1. I was aware of dryness in my mouth.
2. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).
3. I had a feeling of shakiness (e.g., legs going to give way).
4. I found myself in situations that made me so anxious I was most relieved when they ended.
5. I had a feeling of faintness.
6. I perspired noticeably (e.g., hands sweaty in the absence of high temperatures or physical exertion).
7. I felt scared without any good reason.
8. I had difficulty in swallowing.
9. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).
10. I felt I was close to panic.
11. I feared that I would be "thrown" by some trivial but unfamiliar task.
12. I felt terrified.
13. I was worried about situations in which I might panic and make a fool of myself.
14. I experienced trembling (e.g., in the hand).

**SCORING:** Add the numbers that have been circled.

Your total anxiety score is: \_\_\_\_\_

### INTERPRETATION:

- 0 – 9 Normal range
- 10 – 13 Mild level of anxiety
- 14– 20 Moderate level of anxiety
- 21 – 27 Severe level of anxiety