

Anxiety Self-Assessment Questionnaire

How has each of these symptoms disturbed or worried you during the last seven days?

Circle the most appropriate score relating to your state.

ANXIETY

	Never	A little	Moderately	A lot	Extremely
1. Nervousness or shaking inside.	0	1	2	3	4
2. Nausea, stomach pain or discomfort.	0	1	2	3	4
3. Feeling scared suddenly and without any reason.	0	1	2	3	4
4. Palpitations or feeling your heart beats faster.	0	1	2	3	4
5. Significant difficulty to fall asleep.	0	1	2	3	4
6. Difficulty relaxing.	0	1	2	3	4
7. Tendency to startle easily.	0	1	2	3	4
8. Tendency to be easily irritable or bothered.	0	1	2	3	4
9. Inability to free yourself of obsessive thoughts.	0	1	2	3	4
10. Tendency to awaken early in the morning and not go back to sleep.	0	1	2	3	4
11. Feeling nervous when alone.	0	1	2	3	4

ASSESSMENT

If you indicated a score of 3 and 4 to 5 or 6 questions, your anxiety level is significant and you should consider different strategies such as better health practices, purchasing a relaxation technique or adding physical exercises to your daily routine.

If globally you indicated a score of 3 and 4, your level of anxiety is critical and you should consult your doctor.

Source: Anxiety, Mental Illness Foundation