

## 5) ANXIETY CHECKLIST

---

(This check list is a measure of the level of anxiety that you are currently experiencing. If your score indicates a moderate to high level of anxiety, please seek help from your healthcare professional).

Read each statement carefully and choose the answer that best reflects how you have been feeling over the last few days. Write the number on the blank that is associated with the answer you choose.

No, not at all	No, not much	Yes, sometimes	Yes, definitely
0	1	2	3

1. I am a nervous wreck. \_\_\_\_
2. I have difficulty completing projects. \_\_\_\_
3. I can't stop thinking of things that make me feel frightened or panicky. \_\_\_\_
4. My heart races. \_\_\_\_
5. I am afraid to do things I used to look forward to. \_\_\_\_
6. My insides are churning. \_\_\_\_
7. I have a hard time falling asleep without medication. \_\_\_\_
8. I have a hard time making simple decisions. \_\_\_\_
9. I worry about everything. \_\_\_\_
10. I feel exhausted. \_\_\_\_
11. I can't relax. \_\_\_\_
12. I wake up early in the morning and cannot go back to sleep. \_\_\_\_

Add the numbers after each statement.

If your score falls within:

- |       |                        |
|-------|------------------------|
| 1-11  | Normal                 |
| 11-15 | Normal Life Mood       |
| 15-21 | Headed Towards Anxiety |
| 21-25 | Mild Anxiety           |
| 26-30 | Moderate Anxiety       |
| 31+   | Severe Anxiety         |

If your score falls within the mild, moderate, or severe range, please seek help from your healthcare professional.