

Anxiety Inventory

Name:

Please circle any of these that apply or have applied in the past month.

1. It is hard to relax
2. I fear the worst happening
3. I have spells of feeling dizzy or lightheaded
4. I feel unsteady at times
5. I feel afraid
6. I feel nervous
7. My hands tremble
8. I fear losing control
9. I have trouble breathing
10. I fear dying
11. I feel faint or lightheaded
12. I get hot or cold sweats
13. It is hard to concentrate
14. My thoughts race at times
15. I have a fast heartbeat at times
16. I have stomach trouble
17. I have nightmares
18. I have trouble sleeping
19. I feel panicky at times
20. I have memory problems
21. I feel anxious inside
22. I am impatient with people
23. I am easily angered