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Psychotherapy • Organizational Consulting
GLBT Mental Health • PTSD • Mental Health Boot Camp

Client ID Code: _____

Total Score: _____

Date Taken: _____

Anxiety Questions

Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree
1	2	3	4	5

- 1 I feel more nervous and anxious than usual. _____
- 2 I feel afraid for no reason at all. _____
- 3 I get upset easily or feel panicky. _____
- 4 I feel like I'm falling apart and going to pieces. _____
- 5 I expect and/or worry that bad things are going to happen to me. _____
- 6 I think there is something very wrong with me, physically. _____
- 7 I am bothered by stomach aches or indigestion. _____
- 8 I am bothered by headaches neck and back pain. _____
- 9 I can feel my heart beating fast. Sometimes I need to check my pulse. _____
- 10 I am afraid to go into public places like stores or restaurants. _____
- 11 I worry that things are not turned off or secure, so I go back and check them often. _____

Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree
1	2	3	4	5

12 I think people do not like me or see me in a harsh, negative way. _____

13 I am afraid I am going to die. _____

14 I get very upset over what should be little things to the point that it ruins my day. _____

15 I struggle with a lot of negative and harsh self-judgment. _____

Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree
5	4	3	2	1

16. I have developed ways to put more structure/organization into my life and I do those things every day so that I will feel more in control of my life. _____

17 My moods are not a mystery. I know how they are triggered and I know how to manage them to prevent serious relapse. _____

18. I fully understand the concepts of Eat Right/Sleep Right/Think Right/Exercise and have a plan for applying each principle into every day of my life. _____

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