

# Anxiety Assessment

You can complete this form and print it for easy reference . When you exit the form, the information will be deleted .

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully. Then enter the appropriate number in the right-hand column to show how much you have been bothered by that problem in the **last month**.

1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely

Repeated, disturbing <b>memories, thoughts, or images</b> of a stressful experience from the past.	
Repeated, disturbing <b>dreams</b> of a stressful experience from the past.	
Suddenly acting or <b>feeling</b> as if a stressful experience <b>were happening again</b> (as if you were reliving it).	
Feeling <b>very upset</b> when <b>something reminded you</b> of a stressful experience from the past.	
Having <b>physical reactions</b> (e.g., heart pounding, trouble breathing, sweating) when <b>something reminded you</b> of a stressful experience from the past.	
Avoiding <b>thinking about or talking about</b> a stressful experience from the past or avoiding <b>having feelings</b> related to it.	
Avoiding <b>activities or situations</b> because <b>they reminded you</b> of a stressful experience from the past.	
Trouble <b>remembering important parts</b> of a stressful experience from the past.	
<b>Loss of interest</b> in activities that you used to enjoy.	
Feeling <b>distant or cut off</b> from other people.	
Feeling <b>emotionally numb</b> or being unable to have loving feelings for those close to you.	
Feeling as if your <b>future</b> will somehow be <b>cut short</b> .	
Trouble <b>falling or staying asleep</b> .	
Feeling <b>irritable</b> or having <b>angry outbursts</b> .	
Having <b>difficulty concentrating</b> .	
Being <b>"super-alert"</b> or watchful or on guard.	
Feeling <b>jumpy</b> or easily startled.	
<p>To find your score, add up the numbers you entered. If your score is:</p> <p>0 – 16 = No symptoms of Anxiety.</p> <p>17 – 20 = No to minimum symptoms of Anxiety.</p> <p>21 – 29 = Mild symptoms of Anxiety.</p> <p>30 – 49 = Moderate symptoms of Anxiety.</p> <p>50 – 86 = Severe symptoms of Anxiety.</p>	

Source: Weathers FW, et al. (1994). PCL-C for DSM-IV.



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