

## WORKSHEET 11.1 *Mind Over Mood* Anxiety Inventory (for personal use only)

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Circle one number for each item that best describes how much you have experienced each symptom over the last week.

	Not at all	Sometimes	Frequently	Most of the time
1. Feeling nervous	0	1	2	3
2. Frequent worrying	0	1	2	3
3. Trembling, twitching, feeling shaky	0	1	2	3
4. Muscle tension, muscle aches, muscle soreness	0	1	2	3
5. Restlessness	0	1	2	3
6. Easily tired	0	1	2	3
7. Shortness of breath	0	1	2	3
8. Rapid heartbeat	0	1	2	3
9. Sweating not due to the heat	0	1	2	3
10. Dry mouth	0	1	2	3
11. Dizziness or light-headedness	0	1	2	3
12. Nausea, diarrhea, or stomach problems	0	1	2	3
13. Frequent urination	0	1	2	3
14. Flashes (hot flashes) or chills	0	1	2	3
15. Trouble swallowing or "lump in throat"	0	1	2	3
16. Feeling keyed up or on edge	0	1	2	3
17. Quick to startle	0	1	2	3
18. Difficulty concentrating	0	1	2	3
19. Trouble falling or staying asleep	0	1	2	3
20. Irritability	0	1	2	3
21. Avoiding places where I might be anxious	0	1	2	3
22. Frequent thoughts of danger	0	1	2	3
23. Seeing myself as unable to cope	0	1	2	3
24. Frequent thoughts that something terrible will happen	0	1	2	3

Score (of total circled numbers)

*Mind Over Mood* Inventory scores are not used to diagnose depression or anxiety. If you believe you are depressed or anxious we recommend that you print out your completed *Mind Over Mood* Inventories and bring them to a mental health professional or your physician. Your answers on these questionnaires can help you tell your health care provider about your experiences so they can determine a diagnosis and advise you what treatments are available. If you are interested in seeing a CBT therapist for depression or anxiety, visit [www.academyofct.org](http://www.academyofct.org) and follow the links to find a certified cognitive therapist near you.