

EXERCISE: Identifying and Measuring Symptoms of Anxiety

To specify what symptoms you experience when you are anxious, rate the symptoms listed in the *Mind Over Mood* Anxiety Inventory (**Worksheet 14.1**). Fill out the inventory once a week while you are learning methods to manage your anxiety, so you can determine which *Mind Over Mood* skills are most effective and to track your progress.

Score the *Mind Over Mood* Anxiety Inventory by adding up the numbers you circled or marked for all the items. For example, if you marked 3 for each item, your score would be 72 (3×24 items).

To track your progress, record your *Mind Over Mood* Anxiety Inventory scores on **Worksheet 14.2**. Mark each column at the bottom with the date you completed the *Mind Over Mood* Anxiety Inventory. Then put an \times in the column across from your score. (If you are filling out these worksheets onscreen, please note that **Worksheet 14.2** cannot be completed interactively. We recommend that you print this worksheet and complete it by hand. Alternatively, some PDF software has a freehand pencil tool that you can use to complete the worksheet onscreen.)

WORKSHEET 14.1. *Mind Over Mood* Anxiety Inventory

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

	Not at all	Sometimes	Frequently	Most of the time
1. Feeling nervous	0	1	2	3
2. 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. Tiring easily	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. Increase in urge to urinate	0	1	2	3
14. Flushes (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. Being 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. Thoughts of danger	0	1	2	3
23. Seeing myself as unable to cope	0	1	2	3
24. Thoughts that something terrible will happen	0	1	2	3
Score (sum of item scores)				