

MIND OVER MOOD ANXIETY INVENTORY: Circle one number for each item that best describes how much you have experienced each symptom over the past week. (Reference: Mind over mood by Christine Padesky)

Symptom	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, 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) _____

1 – 25: These ups and downs are considered normal.	36 – 45: Moderate anxiety
26 – 31: Mild anxiety	46 – 55: Severe anxiety
32 – 35: Borderline clinical anxiety	over 55: Extreme anxiety – requires medication