**ANXIETY ASSESSMENT**

**Not interactive : Print out & Answer authentically for accurate results**

**1. I don’t feel good about myself**.











**2. I am easily irritated or annoyed**.











**3. It is hard for me to concentrate and stay focused**.











**4. I get headaches.**









**5. My body feels stiff and tight.**











**6. It takes more than 20 minutes for me to go to sleep.**











**7. If someone disagree with me, it bothers me all day**.











**8. I have lots of body aches and pain.**











**9. I cannot easily relax**.











**10. I don’t think I am a success at anything.**











**11. I wake up after I fall asleep**.











**12. I am indecisive.**











**ASSESSMENT SCORING**

**TOTAL THE SCORE FOR QUESTIONS 6, 1, 2, 7 \_\_\_\_\_\_**

**TOTAL THE SCORE FOR QUESTIONS 4, 5, 8, 11 \_\_\_\_\_\_**

**TOTAL THE SCORE FOR QUESTIONS 3, 9, 12 ,10 \_\_\_\_\_\_**

 **GRAND TOTAL FOR ALL QUESTIONS \_\_\_\_\_\_**

**THE APPROACH FOR THIS ASSESSMENT IS GEARED TOWARDS YOUR**

**PRIVACY, SO NO ONE EXCEPT YOU KNOWS YOUR ANSWERS**

**OR ANXIETY SCORE.**

**SCORING ANALYSIS FOLLOWS SHORTLY\***

**(This is for confidentiality so only you know**

**results/analysis. I never see your score.)**

**“Look in your junk or spam folder if you don’t see it.**