

Self-Look at Anxiety

	Incapacitating	Severe	Moderate	Mild	Absent
Anxious mood Worries/ Anticipates worst	4	3	2	1	0
Tension Startles/Cries Easily/Restless/Trembling	4	3	2	1	0
Fears Fear of the dark/Strangers/Animals Fear of being alone	4	3	2	1	0
Insomnia Difficulty falling asleep or staying asleep Difficulty with nightmares	4	3	2	1	0
Intellectual Poor concentration/Memory impairment	4	3	2	1	0
Depressed Mood Decreased interest in activities/ Insomnia	4	3	2	1	0
Somatic complaints - Muscular Muscle aches or pains	4	3	2	1	0
Somatic complaints - Sensory Tinnitus/Blurred vision	4	3	2	1	0
Cardiovascular Symptoms Tachycardia/Palpitations/Chest pain Sensory of feeling faint	4	3	2	1	0
Respiratory Symptoms Chest pressure/Chocking sensation Shortness of breath	4	3	2	1	0
Gastrointestinal Symptoms Dsyphagia/Nausea or Vomiting Constipation/Weight loss	4	3	2	1	0
Genitourinary Symptoms Urinary frequency or urgency Dsymenorrhea/Impotence	4	3	2	1	0
Autonomic Symptoms Dry mouth/Sweating	4	3	2	1	0
Behavior Fidgets/Tremor/Paces	4	3	2	1	0