

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Please rate each item on the following scale:**

1 = Not at all   |   2 = Rarely   |   3 = Sometimes   |   4 = Often   |   5 = Extremely

1. I feel nervous, anxious, or on edge without a clear reason.

1   2   3   4   5

2. I have trouble relaxing, even in comfortable situations.

1   2   3   4   5

3. I experience sudden feelings of panic or dread.

1   2   3   4   5

4. I have difficulty concentrating because of worry.

1   2   3   4   5

5. I fear that something terrible might happen, even when there's no reason to.

1   2   3   4   5

**Please rate each item on the following scale:**

1 = Not at all | 2 = Rarely | 3 = Sometimes | 4 = Often | 5 = Extremely

6. I feel physically tense or restless (e.g., fidgeting, pacing).

1 2 3 4 5

7. I avoid certain places or situations because they make me anxious.

1 2 3 4 5

8. I have trouble falling or staying asleep due to anxiety or racing thoughts.

1 2 3 4 5

9. I experience physical symptoms like a racing heart, shortness of breath, or sweating during anxious moments.

1 2 3 4 5

10. I feel that anxiety is interfering with my daily life, work, or relationships.

1 2 3 4 5