Calming the Storm – Anxiety Management

Group 5 Anxiety Inventory – Reveals Thoughts-Feelings-Behaviors around YOUR anxiety

Thoughts/Feelings/Behaviors	Never	Som	Sometimes		Frequently		Most of the Time	
	0	1		3		4		
			0	1	2	3	4	
Frequent worrying								
Trembling, twitching, feeling shaky								
Muscle tension, muscle aches, muscle								
soreness								
Restlessness								
Easily tired								
Shortness of Breath								
Rapid heartbeat								
Sweating not due to the heat								
Dry mouth								
Dizziness or light headedness								
Nausea, diarrhea, stomach pro	oblems							
Frequent urination								
Flushes, hot flashes, or chills								
Trouble swallowing or "lump"	in the thro	at						
Feeling keyed up or on edge								
Quick to startle								
Difficulty concentrating								
Trouble falling or staying aslee	ep							
Avoiding places where you mi	ght be anxi	ous						
Frequent thoughts of danger								
Seeing myself as unable to cop	oe							
Frequent thoughts that somet	thing terrib	le will						
happen								
Score of all circled numbers								

Note: the HIGHER your score – the more ANXIETY you experience on a daily basis. This inventory will be done in class at the beginning of the class to allow you to see how your anxiety levels have changed with your new learning and how YOU can get CONTROL of your anxiety.