

QUESTIONNAIRES FOR IMAGES OF THE SELF

WORKSHEET 11.1 Mind over Mood Anxiety Inventory

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, muscle 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 heat	0	1	2	3
10. Dry mouth	0	1	2	3
11. Dizziness or light-headedness	0	1	2	3
12. Nauseas, diarrhea, stomach problems	0	1	2	3
13. Frequent urination	0	1	2	3
14. Flushes (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 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 something awful will happen	0	1	2	3

SCORE _____