GOALMINDER CLIENT RATING SYSTEM: ADULT ANXIETY CHECKLIST

Weekly Scores: **0** (symptom is absent) to **4** (symptom is as bad as it can be).Score for last 7-day period only. ©PsychSolutions, 2005. You may duplicate and use this form ONLY if you or your clinic is a registered user of GoalMinder®

Name: _____ DOB: _____

Therapist: _____

Enter Date of Ratings and Ratings

Date of Rating:								
I've been worrying a lot this week.								
I feel jittery and nervous so that I can't sit still or I tremble.								
I have tense, tight muscles and/or chest pain.								
Emotionally, I feel on the verge of losing control. I feel unstable.								
I'm tired a lot, feel weak, exhausted, easily fatigued.								
I'm anxious to the point that I can't catch my breath.								
I've felt my heart beating in my chest this week due to anxiety.								
I have cold, clammy hands, or I sweat, or I have hot flashes not due to temperature or exercise.								
I've had dry mouth or lump-in-throat sensations when nervous.								
I've felt faint and/or dizzy this week.								
I've been having GI problems (diarrhea, nausea, cramps, heartburn)								
My anxiety has been affecting my daily life.								
I have urgent and/or frequent urination.								
I get flurries of anxious thoughts all at once.								
I'm keyed up, on edge, anticipating something negative.								
I have had tension headaches and/or migraines.								
I can't stay focused on tasks. My concentration is poor.								
I can't fall asleep or I can't stay asleep.								
I have anxious dreams or nightmares. Even if I can't remember them clearly, I think I am having anxious dreams.								
I am irritable, short-tempered, have little patience.								
I get feelings of being detached from things or that they aren't really happening.								

Personal Goals:

1.								
2.								
3.								
4.								
5.								