

Anxiety assessment

Fill out this form so we can assess the level of anxiety you experience now in regard to this situation. Before starting, think about the situation for a moment. Let it sink in. Then while it is fresh on your mind, match each item on the left by clicking the square with the best fitting option in one of the four columns at its right.

You will naturally feel some discomfort when filling this out. Our goal is to improve your situation enough so that this will be the last time you endure this much discomfort. If the discomfort is already too great, stop. We can do this another way. Proceed only when *you* are ready to move forward. This is for *you*, not for us nor for anyone else. Contact us if you have any questions.

	Not at all	Mildly, but it didn't bother me much	Moderately, it wasn't pleasant at times	Severely, it bothered me a lot
Numbness or tingling				
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst happening				
Dizzy or lightheaded				
Heart pounding / racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky / unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				
Scared				
Indigestion				
Faint / lightheaded				
Face flushed				
Hot / cold sweats				

When done, save this document. Then return it by email to <u>valuerelating@protonmail.com</u>, with message title: completed assessment. We can review what it means the next time we meet, and what it can do for you.

Your name:	Your email address:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPPA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless other permitted by law.