

Are you anxious?

Please read each statement and circle a number, 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me a considerable degree, or a good part of the time
- 3 Applied to me very much, or most of the time

1.	I was aware of dryness in my mouth	0123
2.	I experienced breathing difficulty (eg. Excessively rapid breathing, breathlessness in the absence of physical exertion)	0123
3.	I had a feeling of shakiness (eg. Legs going to give way)	0123
4.	I found myself in situations that made me so anxious I was most relieved when they ended	0123
5.	I had a feeling of faintness	0123
6.	I perspired noticeably (eg. Hands sweaty) in the absence of high temperatures or physical exertion	0123
7.	I felt scared without any good reason	0123
8.	I had difficulty in swallowing	0123
9.	I was aware of the action of my heart in the absence of physical exertion (eg. A sense of heart rate increase, heart missing a beat)	0123
10.	I felt I was close to panic	0123
11.	I feared that would be "thrown" by some trivial but unfamiliar task	0123
12.	I felt terrified	0123
13.	I was worried about situations in which I might panic and make a fool of myself	0123
14.	I experienced trembling (eg. In the hands)	0123

Flip over to see what your score means! Grand Total

Reference: Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd Ed) Sydney: Psychology Foundation.

Someone to talk to!

Teen Health

www.prairiemountainhealth.ca



PRAIRIE MOUNTAIN HEALTH

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 I was aware of dryness in my mouth I experienced breathing difficulty (eg. Excessively rapid breathing, breathlessness in the absence of physical exertion) I had a feeling of shakiness (eg. Legs going to give way) I found myself in situations that made me so anxious I was most relieved when they ended I had a feeling of faintness I perspired noticeably (eg. Hands sweaty) in the absence of high temperatures or physical exertion I felt scared without any good reason I had difficulty in swallowing I was aware of the action of my heart in the absence of physical exertion (eg. A sense of heart rate increase, heart missing a beat) I felt I was close to panic I feared that I would be "thrown" by some trivial but unfamiliar task I felt terrified I was worried about situations in which I might panic and make a fool of myself I experienced trembling (eg. In the hands) 			
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Grand Total

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Teen Health

C L I N I C

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What does you score mean?

0-7 – This is a normal level of anxiety. Continue to monitor your stress levels to make sure you can manage everything life throws your way.

8-9 – This is a mild level of anxiety. Monitor your stress level to make sure it doesn't go higher. Try to minimize your stress using relaxation techniques (see Teen Health Clinic handout "Decreasing your stress") or by doing something you enjoy.

10 - 14 – You have a moderate level of anxiety. It may be helpful to talk with someone about these feelings. High levels of anxiety can lead to other mental health problems such as depression.

15-19 - You have a severe level of anxiety. You have probably noticed an interference in different areas of your life such as school, home, relationships and work. Use the resources below to talk to someone that can help. You can always stop by the Teen Health Clinic while they are in your school.

20 + - This is an extremely severe level of anxiety. Talk to someone you trust right away to help you. There are people who can help, and you do not have to go through this alone. The resources listed below are a good place to start. You can also talk to your doctor or nurse practitioner, parent, guidance counselor - or stop by the Teen Health Clinic. Take your health seriously and talk to a professional right away.

Where to get help

Date of Issue: August 2014

Date of Revision:

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