



New Beginnings Counseling Center

Symptoms or Signs	Not At All	Mildly but it didn't bother me much	Moderately - it wasn't pleasant at times	Severly - it bother me a lot		THERAPIST COMMENTS
NUMBNESS OR TINGLING	0	1	2	3	CLIENT NAME:	
FEELING HOT	0	1	2	3		
WOBBLINESS IN LEGS	0	1	2	3		
UNABLE TO RELAX	0	1	2	3		
FEAR OF THE WORST HAPPENING	0	1	2	3		
DIZZY OR LIGHT-HEADED	0	1	2	3		
HEART PONDING/RACING	0	1	2	3		
UNSTEADY	0	1	2	3		
TERRIFIED OR AFRAID	0	1	2	3		
NERVOUS	0	1	2	3		
FEELING OF CHOKING	0	1	2	3		
HANDS TREMBLING	0	1	2	3		
SHAKY / UNSTEADY	0	1	2	3		
FEAR OF LOSING CONTROL	0	1	2	3		
DIFFICULTY BREATHING	0	1	2	3		
FEAR OF DYING	0	1	2	3		
SCARED	0	1	2	3		
INDIGESTION	0	1	2	3		
FAINT / LIGHT-HEADED	0	1	2	3		
FLUSHING OF FACE	0	1	2	3		
HOT / COLD SWEATS	0	1	2	3		
COLUMN SUM						
		GRAND TOTAL				
INTERPRETATION	0 - 21 LOW ANXIETY	22 -35 MOD ANXIETY	EXCEEDS 36 HIGH CONCERN		DATE:	