Anxiety Awareness Measure

Rate how well each of the following items describes you in general.

	0	1	2	3	4	
	very little	a little	some	much	very much	
1	If I feel k	_ If I feel knots in my stomach, I worry something is really wrong with me.				
2	When my	_ When my heart flutters, I worry that I'm serious ill.				
3	When my	When my chest hurts, I think I'm going to have a heart attack.				
4	I worry th	_ I worry that any tightness in my chest means I'm going to be short breath.				
5	If I feel an	_ If I feel any tension in my throat, I know I'll choke.				
6	When my	When my heart races, I start to get very afraid.				
7	T.C1	1.	T.1 T. 1			
7		_ If my thoughts are racing, I know I'm losing my mind.				
		_ If my mind blanks out, it means there is something seriously wrong me.				
		_ When I feel mentally off, I worry I have serious mental health issues.				
10	Not being	Not being able to control my thoughts, makes me worry I'm going crazy.				
11	When I ca	When I can't concentrate, I think I'm losing control of everything.				
12	I get nerv	_ I get nervous when I can't focus on a task.				
12	I don't we	ent to oppoor no	rvous in front of	other neonla		
_						
	-	_ If anyone sees me shaking, I think they will criticize me.				
		_ I become really afraid when people notice my face reddening.				
		_ If I sweat in front of others, I worry I will be criticized.				
	•	oout passing ou	-			
18	I must hic	le my nervousn	ess around other	S.		