

10-Question Anxiety Self-Check

Score your starting point in about 5 minutes. Retake on day 30 and compare. Not a diagnosis — an information tool.

Over the **last 2 weeks**, how often have you been bothered by the following? Rate: 0 = not at all · 1 = several days · 2 = more than half the days · 3 = nearly every day.

#	Question	0	1	2	3
1	Feeling nervous, anxious, or on edge				
2	Not being able to stop or control worrying				
3	Restlessness or feeling keyed up				
4	Irritability when things don't go as planned				
5	Trouble relaxing or unwinding				
6	Trouble sleeping — mind racing at night				
7	Avoiding situations, people, or tasks because of anxiety				
8	Physical symptoms: racing heart, tight chest, upset stomach				
9	Rereading, checking, or seeking reassurance repeatedly				
10	Feeling that your anxiety is interfering with daily life				
TOTAL (0–30)					

Score	Band	What it suggests
0–8	Minimal	Mild day-to-day worry — maintenance tools are enough.
9–14	Mild	Noticeable friction — start a daily practice (thought records, worry window).
15–20	Moderate	Significant interference — consider working through a structured program like The Anxiety Reset Workbook.
21–30	Severe	Substantial impact — strongly consider professional support alongside self-help.

Date taken: _____ **Score:** _____ **Date retaken (day 30):** _____ **Score:** _____

This checklist is adapted for general self-reflection and is not a clinical screening instrument or diagnosis. See the medical disclaimer on anxietyresetkit.com.