

This instrument relies on honest responses and should only be used in conjunction with a more complete evaluation by a trained professional.

ANXIETY SPECTRUM-1

Name _____

Date _____



ANXIETY SPECTRUM-1

Please answer these questions based on whether you have experienced any of these symptoms over the preceding week.

Never = 0, Occasionally = 1, Moderately = 2
 and Almost all of the time = 3

Never Occasionally Moderately Almost all
 the time

1. Persistent muscle tension, tingling, trembling, numbness, sweaty palms, feeling warm or flush, butterflies in stomach, weakness in legs, shortness of breath, chest pain or heart palpitations (<i>circle all of these that apply</i>)	0	1	2	3
2. Sense of agitation or restlessness	0	1	2	3
3. Physical fatigue or exhaustion	0	1	2	3
4. Loss of appetite or eating too much (<i>circle which</i>)	0	1	2	3
5. Difficulty sleeping or sleeping too much (<i>circle which</i>)	0	1	2	3
6. Difficulty concentrating or mind going blank (<i>circle which</i>)	0	1	2	3
7. Worrying a lot	0	1	2	3
8. Sense of dread like something will go wrong or something bad is about to happen	0	1	2	3

GENERAL ANXIETY SUBSCORE : _____

9. Nightmares, flashbacks or intrusive thoughts about something that has happened in the past	0	1	2	3
10. Obsessive thoughts	0	1	2	3
11. A strong drive for compulsive or repetitive actions	0	1	2	3
12. Fear of social situations	0	1	2	3
13. Fear of leaving your residence or place of safety	0	1	2	3
14. Anxiety that is so high you feel panicked and it is difficult to breathe	0	1	2	3

TOTAL SCORE _____

As far as what people know about me, my life is: (*circle best answer*)

Very open Somewhat open In the middle Somewhat secretive Very secretive

The Anxiety Spectrum-1 is designed to be a single or double panel DSM/ICD conforming tool for assessing and treating both general anxiety and related anxiety disorders.

- ▶ Like the **Dashometrics** Depression Spectrum-1, the top half of the panel is oriented toward DSM/ICD diagnostic criteria but with added features that help clinicians differentiate depression symptoms from anxiety symptoms. This is done through the response items on the top section that are given “circle which” options (for example, it allows distinction between sleeping too little or sleeping too much).
- ▶ The first question allows respondents to also circle and identify specific Autonomic Nervous System symptoms that are arranged in a progressive scale. This allows clinicians to get a sense of the intensity of client/patient’s anxiety and their susceptibility to panic attacks. (There is a later question specifically related to panic attacks, but this item can also be used to corroborate responses and help clarify what “panic attack” means.)
- ▶ While the first five questions of the top section are biological/autonomic, the final two items on the top section identify “mental” activities or states. Worry almost always implies that respondents know what is stimulating their anxiety response, even though they are sometimes confused between what worry is (mental activity) and what anxiety is (autonomic/biological). The sense of dread question suggests that affirmative respondents “know” something is wrong but are unable to understand what the stimulus is. (Please see intervention guide for further discussion of this concept.)
- ▶ It is up to clinicians to decide whether responses to this section technically qualify for diagnosis of general anxiety disorder. It is worth remembering client/patients will have very different response styles and this is one reason it is not necessarily relevant to focus on total score on this section as being diagnostic of disordered anxiety or generalized anxiety disorder.
- ▶ The second section of the page has two purposes. First, it allows identification of anxiety manifestations or sub-forms that are predictive of functioning difficulty and/or may suggest the need for additional intervention. They are meant to “red-flag” or cue but not technically diagnose these sub-forms. In order these items cue for PTSD, obsessive thinking, compulsive action, social anxiety, agoraphobia and panic attacks. The second purpose is to create another way to assess clinical relevance. Higher scores on these questions almost always suggest that general anxiety is higher and clinically relevant. Furthermore, higher scores in this section tend to be very predictive of parties with more persistent and function limiting anxiety that will require longer term treatment.
- ▶ The final box item on the bottom allows client/patients to disclose they have secrets without revealing the content of them per se. The content and structure of secrets is almost always a significant part of the client/patients’ anxiety stimulus field and this question allows a clinician to explain to some client/patients that they will have to work on this area to successfully reduce their anxiety.