Taylor Manifest Anxiety Scale

TAYLOR MANIFEST ANXIETY SCALE

Name: _____ **Date:** _____ dd / mm / yyyy

For each statement below check true or false as to how you generally feel.

I do not tire quickly.

◯ True ◯ False

I am troubled by attacks of nausea.

◯ True ◯ False

I believe I am no more nervous than most others.

◯ True ◯ False

I have very few headaches.

◯ True ◯ False

I work under a great deal of tension.

◯ True ◯ False

I cannot keep my mind on one thing.

◯ True ◯ False

I worry over money and business.

◯ True ◯ False

I frequently notice my hand shakes when I try to do something

◯ True ◯ False

I blush no more often than others.

◯ True ◯ False

I have diarrhea once a month or more.

◯ True ◯ False

I worry quite a bit over possible misfortunes.

◯ True ◯ False

I practically never blush.

◯ True ◯ False

I am often afraid that I am going to blush.

◯ True ◯ False

I have nightmares every few nights.

◯ True ◯ False

My hands and feet are usually warm enough.

◯ True ◯ False

I sweat very easily even on cool days.

◯ True ◯ False

Sometimes when embarrassed, I break out in a sweat which annoys me greatly.

◯ True ◯ False

I hardly ever notice my heart pounding and I am seldom short of breath.

◯ True ◯ False

I feel hungry almost all the time.

◯ True ◯ False

I am very seldom troubled by constipation.

◯ True ◯ False

I have a great deal of stomach trouble.

◯ True ◯ False

I have had periods in which I lost sleep over worry.

◯ True ◯ False

My sleep is fitful and disturbed.

◯ True ◯ False

I dream frequently about things that are best kept to myself.

◯ True ◯ False

I am easily embarrassed.

◯ True ◯ False

I am more sensitive than other people.

◯ True ◯ False

I frequently find myself worrying about something.

◯ True ◯ False

I wish I could be as happy as others seem to be.

◯ True ◯ False

I am usually calm and not easily upset.

◯ True ◯ False

I cry easily.

◯ True ◯ False

I feel anxiety about something or someone almost all the time.

◯ True ◯ False

I am happy most of the time.

◯ True ◯ False

It makes me nervous to have to wait.

◯ True ◯ False

I have periods of such great restlessness that I cannot sit long in a chair.

◯ True ◯ False

Sometimes I become so excited that I find it hard to get sleep.

◯ True ◯ False

I have sometimes felt that difficulties were piling so high that I could not overcome them.

◯ True ◯ False

I must admit that I have at times been worried beyond reason over something that really did not matter.

◯ True ◯ False

I have very few fears compared to my friends.

◯ True ◯ False

I have been afraid of things or people that I know could not hurt me.

◯ True ◯ False

I certainly felt useless at times.

◯ True ◯ False

I find it hard to keep my mind on a task or job.

◯ True ◯ False

I am usually self-conscious.

◯ True ◯ False

I am inclined to take things hard.

◯ True ◯ False

I am a high-strung person.

◯ True ◯ False

Life is a strain for me much of the time.

◯ True ◯ False

At times I think I am no good at all.

◯ True ◯ False

I am certainly lacking in self-confidence.

◯ True ◯ False

I sometimes feel that I am about to go to pieces.

◯ True ◯ False

I shrink from facing a crisis or difficulty.

◯ True ◯ False

I am entirely self-confident.

◯ True ◯ False

TOTAL SCORE: _____