Subject ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session \_\_\_\_\_\_\_\_\_\_\_\_ Study \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# ASI-3

Enter the number from the scale below that best describes how typical or characteristic each of the 16 items is of ***you***, putting the number next to the item. You should make your ratings in terms of how much you agree or disagree with the statement as a ***general*** description of yourself.

0 1 2 3 4

very little a little some much very much

1. It is important for me not to appear nervous.
2. When I cannot keep my mind on a task, I worry that I might be going crazy.
3. It scares me when my heart beats rapidly.
4. When my stomach is upset, I worry that I might be seriously ill.
5. It scares me when I am unable to keep my mind on a task.
6. When I tremble in the presence of others, I fear what people might think of me.
7. When my chest feels tight, I get scared that I won't be able to breathe properly.
8. When I feel pain in my chest, I worry that I'm going to have a heart attack.
9. I worry that other people will notice my anxiety.
10. When I feel "spacey" or spaced out I worry that I may be mentally ill.
11. It scares me when I blush in front of people.
12. When I notice my heart skipping a beat, I worry that there is something seriously wrong with me.
13. When I begin to sweat in a social situation, I fear people will think negatively of me.
14. When my thoughts seem to speed up, I worry that I might be going crazy.
15. When my throat feels tight, I worry that I could choke to death.
16. When I have trouble thinking clearly, I worry that there is something wrong with me.
17. I think it would be horrible for me to faint in public.
18. When my mind goes blank, I worry there is something terribly wrong with me.

**ASI3 Scoring**

* Sum all 18 items to get ASI3 Total; 6 items per subscale
* ASI3 Physical Concerns = 4,12,8,7,15,3
* ASI3 Cognitive Concerns = 14,18,10,16,2,5
* ASI3 Social Concerns = 9,6,11,13,17,1

