**TEST ANXIETY QUESTIONNAIRE**

*School Counseling Lesson*

Read through each statement and reflect upon past testing experiences. You may wish to consider all testing experiences or focus on a particular subject (history, science, math, etc.) one at a time. Indicate how often each statement describes you by choosing a number from 1 to 5 as outlined below. Note that the number 5 means (always) and number 1 means (never).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| **1** | **2** | **3** | **4** | **5** |

1. \_\_\_\_\_ I have visible signs of nervousness, such as sweaty palms and shaky hands, right before a test.

2. \_\_\_\_\_ I have "butterflies" in my stomach before a test.

3. \_\_\_\_\_ I feel nauseated before a test.

4. \_\_\_\_\_ I read through the test and feel that I do not know any of the answers.

5. \_\_\_\_\_ I panic before and during a test.

6. \_\_\_\_\_ My mind goes blank during a test.

7. \_\_\_\_\_ I remember answers that I blanked on once I get out of the testing situation.

8. \_\_\_\_\_ I have trouble sleeping the night before a test.

9. \_\_\_\_\_ I make mistakes on easy questions or put answers in the wrong places.

10. \_\_\_\_ I have difficulty choosing answers and read information into answers.

  **\_\_\_\_\_\_\_ TOTAL** (add your score.)*{Range is 10-50 points]*