

TEST ANXIETY AWARENESS

Complete the assessment below by reading each statement and considering your previous testing experience. Indicate how often each statement describes you by placing a number from one (1) to five (5) next to each statement.

NEVER
1

RARELY
2

SOMETIMES
3

OFTEN
4

ALWAYS
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 don’t know any of the answers.
- ___ 5. I panic before and during a test.
- ___ 6. My mind goes blank during a test.
- ___ 7. I remember the information 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.

Scores:

Add up your score. The range is from 10-50.

10-19

Low: You do not experience or experience low levels of test anxiety.

20-35

Moderate: You exhibit some of the characteristics of test anxiety, but your level of stress and tension is probably healthy.

35-50

High: You are experiencing an unhealthy level of test anxiety.