

## 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** a test.
- \_\_\_ 6. I panic **during** a test.
- \_\_\_ 7. My **mind goes blank** during a test.
- \_\_\_ 8. I remember the information that I blanked on once **I get out of the testing situation**.
- \_\_\_ 9. I have **trouble sleeping** the night before a test.
- \_\_\_ 10. I make **mistakes on easy questions** or put answers in the wrong places.
- \_\_\_ 11. I have difficulty **choosing** answers.
- \_\_\_ 12. I **do not** feel adequately prepared for my tests.
- \_\_\_ 13. I **cram** the night before a test.
- \_\_\_ 14. I feel **anxious** after I complete a test.
- \_\_\_ 15. I do not like to hear **feedback** on my work.

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**Scores:** Add up your score. The range is from 15-75.

**15-35 – Low** – You do not experience or experience low levels of test anxiety.

**36-55 – Moderate** – You exhibit some of the characteristics of test anxiety, but your levels of stress and tension are probably healthy.

**56-75 – High/Severe** – You are experiencing an unhealthy level of test anxiety.

*Want to work on your test anxiety? Email your results to [Sam.DeZerga@tcc.fl.edu](mailto:Sam.DeZerga@tcc.fl.edu).*