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.

<table>
<thead>
<tr>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

____ 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.

**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**.

*Adapted from SLS 1510 Your Passport to Success (2nd edition), Tallahassee Community College.*