

Taylor Manifest Anxiety Scale

Name: _____ Date: _____

For each statement below check true or false as to how you generally feel.

	True - 1	False - 0
1. I do not tire quickly.	<input type="checkbox"/>	<input type="checkbox"/>
2. I am troubled by attacks of nausea.	<input type="checkbox"/>	<input type="checkbox"/>
3. I believe I am no more nervous than most others.	<input type="checkbox"/>	<input type="checkbox"/>
4. I have very few headaches.	<input type="checkbox"/>	<input type="checkbox"/>
5. I work under a great deal of tension.	<input type="checkbox"/>	<input type="checkbox"/>
6. I cannot keep my mind on one thing.	<input type="checkbox"/>	<input type="checkbox"/>
7. I worry over money and business.	<input type="checkbox"/>	<input type="checkbox"/>
8. I frequently notice my hand shakes when I try to do something	<input type="checkbox"/>	<input type="checkbox"/>
9. I blush no more often than others.	<input type="checkbox"/>	<input type="checkbox"/>
10. I have diarrhea once a month or more.	<input type="checkbox"/>	<input type="checkbox"/>
11. I worry quite a bit over possible misfortunes.	<input type="checkbox"/>	<input type="checkbox"/>
12. I practically never blush.	<input type="checkbox"/>	<input type="checkbox"/>

13. I am often afraid that I am going to blush.	<input type="checkbox"/>	<input type="checkbox"/>
14. I have nightmares every few nights.	<input type="checkbox"/>	<input type="checkbox"/>
15. My hands and feet are usually warm enough.	<input type="checkbox"/>	<input type="checkbox"/>
16. I sweat very easily even on cool days.	<input type="checkbox"/>	<input type="checkbox"/>
17. Sometimes when embarrassed, I break out in a sweat which annoys me greatly.	<input type="checkbox"/>	<input type="checkbox"/>
18. I hardly ever notice my heart pounding and I am seldom short of breath.	<input type="checkbox"/>	<input type="checkbox"/>
19. I feel hungry almost all the time.	<input type="checkbox"/>	<input type="checkbox"/>
20. I am very seldom troubled by constipation.	<input type="checkbox"/>	<input type="checkbox"/>
21. I have a great deal of stomach trouble.	<input type="checkbox"/>	<input type="checkbox"/>
22. I have had periods in which I lost sleep over worry.	<input type="checkbox"/>	<input type="checkbox"/>
23. My sleep is fitful and disturbed.	<input type="checkbox"/>	<input type="checkbox"/>
24. I dream frequently about things that are best kept to myself.	<input type="checkbox"/>	<input type="checkbox"/>
25. I am easily embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>
26. I am more sensitive than other people.	<input type="checkbox"/>	<input type="checkbox"/>
27. I frequently find myself worrying about something.	<input type="checkbox"/>	<input type="checkbox"/>

28. I wish I could be as happy as others seem to be.	<input type="checkbox"/>	<input type="checkbox"/>
29. I am usually calm and not easily upset.	<input type="checkbox"/>	<input type="checkbox"/>
30. I cry easily.	<input type="checkbox"/>	<input type="checkbox"/>
31. I feel anxiety about something or someone almost all the time.	<input type="checkbox"/>	<input type="checkbox"/>
32. I am happy most of the time.	<input type="checkbox"/>	<input type="checkbox"/>
33. It makes me nervous to have to wait.	<input type="checkbox"/>	<input type="checkbox"/>
34. I have periods of such great restlessness that I cannot sit long in a chair.	<input type="checkbox"/>	<input type="checkbox"/>
35. Sometimes I become so excited that I find it hard to get sleep.	<input type="checkbox"/>	<input type="checkbox"/>
36. I have sometimes felt that difficulties were piling so high that I could not overcome them.	<input type="checkbox"/>	<input type="checkbox"/>
37. I must admit that I have at times been worried beyond reason over something that really did not matter.	<input type="checkbox"/>	<input type="checkbox"/>
38. I have very few fears compared to my friends.	<input type="checkbox"/>	<input type="checkbox"/>
39. I have been afraid of things or people that I know could not hurt me.	<input type="checkbox"/>	<input type="checkbox"/>
40. I certainly felt useless at times.	<input type="checkbox"/>	<input type="checkbox"/>
41. I find it hard to keep my mind on a task or job.	<input type="checkbox"/>	<input type="checkbox"/>
42. I am usually self-conscious.	<input type="checkbox"/>	<input type="checkbox"/>

43. I am inclined to take things hard.	<input type="checkbox"/>	<input type="checkbox"/>
44. I am a high-strung person.	<input type="checkbox"/>	<input type="checkbox"/>
45. Life is a strain for me much of the time.	<input type="checkbox"/>	<input type="checkbox"/>
46. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>
47. I am certainly lacking in self-confidence.	<input type="checkbox"/>	<input type="checkbox"/>
48. I sometimes feel that I am about to go to pieces.	<input type="checkbox"/>	<input type="checkbox"/>
49. I shrink from facing a crisis or difficulty.	<input type="checkbox"/>	<input type="checkbox"/>
50. I am entirely self-confident.	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL SCORE:

Scoring and interpretation
To score the TMAS, you need to sum up the responses for all 50 items. The scoring ranges from 0 to 50, with higher scores indicating higher levels of manifest anxiety.
Additional notes

Reference

Taylor, J. A. (1953). *Taylor Manifest Anxiety Scale (TMAS)* [Database record]. APA PsycTests. <https://doi.org/10.1037/t00936-000>