

Rumination and Worry Inventory

This exploratory questionnaire describes repetitive negative thinking, both rumination about the past and worry about the future, and what keeps it going: self-analysis, a sense of losing control, and beliefs about its usefulness. Common to anxiety, depression, and insomnia, this process becomes a treatment target in its own right, in metacognitive therapy as well as in CBT.

Number of questions	24 questions
Estimated duration	6 minutes
Language	English
Original name	Rumination and Worry Inventory
Target audience	Adults
Category	Depression, Anxiety

Preview of the 24 questions

Over the past month, how often has this been true for you?

I dwell on things that went wrong.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I imagine scenarios where everything goes wrong.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

After a conversation, I replay it in my head.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

When I start dwelling on things, I have a hard time stopping.

Never | Rarely | Sometimes | Often | Very often

Over the past month, how often has this been true for you?

I tell myself that worrying helps me prepare for the worst.

Never | Rarely | Sometimes | Often | Very often

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Scoring

Each statement is scored from 0 (never) to 4 (very often) based on its frequency over the past month. Each domain combines 4 statements spread throughout the questionnaire, giving a score from 0 to 16.

Reading the profile

There is no total score. Domains are ranked from most to least elevated, each with a description of what it covers and points to explore in the interview. The profile distinguishes the content of repetitive thoughts (past, future, self) from what keeps them going (loss of control, beliefs about their usefulness) and from their cost. Beliefs about the usefulness of rumination and about its uncontrollability are the direct targets of metacognitive therapy.

Limitations

This exploratory questionnaire has not undergone psychometric validation and has no cutoffs. It supports the clinical interview and does not provide a diagnosis.

Scoring example

Scoring

Self-analysis 9 / 16

Repeated scrutiny of oneself, one's reactions, and one's interactions with others.

Areas to explore: the interactions replayed, what the person assumes others thought, the link with self-esteem.

See also: Self-Esteem Inventory.

Believing rumination helps 9 / 16

Beliefs about the usefulness of dwelling or worrying: being prepared, preventing the worst, finding the solution.

Areas to explore: what the person thinks they gain from ruminating, what they fear would happen if they stopped.

Dwelling on the past 8 / 16

Repeatedly going back over past events, mistakes, or regrets, often in the form of "why" questions.

Areas to explore: the topics the person dwells on, the usual trigger, what the person hopes to gain by going back over them.

Impact 7 / 16

Effects of repetitive thinking on sleep, mood, concentration, and being present with others.

Areas to explore: the time spent ruminating each day, the effect on sleep and mood, the activities that suffer.

Worrying about the future 3 / 16

Repeated anticipation of what could go wrong, a chain of "what ifs."

Areas to explore: the feared scenarios, the share of real versus hypothetical problems, tolerance of uncertainty.

Loss of control 2 / 16

Intrusive thoughts that are hard to interrupt, sometimes experienced as dangerous.

Areas to explore: when the thoughts spiral (evenings, being alone), what sometimes helps interrupt them, the fear of being unable to stop them.

No validated clinical or psychometric cutoffs have been established for this test yet. The results should therefore be considered exploratory indicators, meant to support the clinical interview, not diagnostic findings.

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 Laura V. - Online Psychologist