

Anxiety Screening



Name: _____ Date: _____

Worries					Yes	No		
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.								
1. Current. Have you had common worries (work, finances, health) most days, for at least the <i>past six months</i> and noticed that they made you more tense and restless, or that they were harder to control than they would be for most other people?								
2. Past. Have there been other, <i>separate periods</i> of six months or more before this when you had the same problems? If so, when?								
Instructions. Answer the following questions if you answered “yes” to item 1 above. Otherwise, skip to item 13 below. Use checks (✓) to show how much each statement was true of you during the <i>past six months</i> .					Not at all true	Somewhat true	Mostly true	Very true
3.	Most days I feel very nervous, anxious or on edge.				0	1	2	3
4.	Most days I worry too much about lots of things.				0	1	2	3
5.	Most days I cannot stop or control my worrying.				0	1	2	3
6.	Most days I have trouble relaxing.				0	1	2	3
7.	Most days I feel so restless that it is hard to sit still.				0	1	2	3
8.	I get tired easily.				0	1	2	3
9.	I have trouble concentrating.				0	1	2	3
10.	I am easily annoyed or irritated.				0	1	2	3
11.	My muscles are tense and tight.				0	1	2	3
12.	I have trouble sleeping.				0	1	2	3
10 items	0 – 13	14 – 30			Total →			

Anxiety Attacks					Yes	No
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.						
13. Current. Have you had several unexpected attacks of fear, discomfort or uneasiness for no apparent reason that peaked within <i>10 minutes</i> , and have you worried about having more of these attacks for at least the <i>past month</i> ?						
14. Past. Have there been other, <i>separate periods</i> of a month or more before this when you worried about having more of these attacks? If so, when?						

Fear of Being Away		Yes	No
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.			
15. Current. Do you feel uncomfortable or uneasy in places or situations where you might have an unexpected anxiety attack, or where help might be unavailable or where escape might be difficult such as being in a crowd or lineup, being away from home or alone at home, when crossing a bridge, or when traveling in a bus, train or car?			
16. Past. Have there been other, <i>separate periods</i> of time before this when you had the same problems? If so, when?			

Shyness					Yes	No		
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.								
17. Current. Have you felt fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated in situations like speaking, eating or writing in public for at least the <i>past month</i> ?								
18. Past. Have there been other, <i>separate periods</i> of a month or more before this when you had the same problems? If so, when?								
Instructions. Answer the following questions if you answered “yes” to item 17 above. Otherwise, skip to item 36 below. Use checks (✓) to show how much each statement has been true of you during the <i>past month</i> .					Not at all true	Somewhat true	Mostly true	Very true
19. I am afraid of people in authority.	0	1	2	3				
20. I am bothered by blushing in front of people.	0	1	2	3				
21. Parties and social events scare me.	0	1	2	3				
22. I avoid talking to people I don't know.	0	1	2	3				
23. Being criticized scares me a lot.	0	1	2	3				
24. Fear of embarrassment causes me to avoid doing things or speaking to people.	0	1	2	3				
25. Sweating in front of people causes me distress.	0	1	2	3				
26. I avoid going to parties.	0	1	2	3				
27. I avoid activities in which I am the center of attention.	0	1	2	3				
28. Talking to strangers scares me.	0	1	2	3				
29. I avoid having to give speeches.	0	1	2	3				
30. I would do anything to avoid being criticized.	0	1	2	3				
31. Heart palpitations bother me when I am around people.	0	1	2	3				
32. I am afraid of doing things when people might be watching.	0	1	2	3				
33. Being embarrassed or looking foolish are among my worst fears.	0	1	2	3				
34. I avoid speaking to anyone in authority.	0	1	2	3				
35. Trembling or shaking in front of others is distressing to me.	0	1	2	3				
17 items	0 – 14	15 – 51			Total →			

Obsessions		Yes	No
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.			
36. Current.	Are you bothered by recurrent thoughts, impulses, or images that were unwanted and upsetting, such as a fear of being dirty or having germs or a fear of harming someone without wanting to?		
37. Past.	Have there been other, <i>separate periods</i> of time before this when you had the same problems? If so, when?		

Compulsions		Yes	No
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.			
38. Current.	Are you doing things repeatedly without being able to resist doing them, like washing or cleaning excessively, counting or checking things over and over, or repeating things to yourself?		
39. Past.	Have there been other, <i>separate periods</i> of time before this when you had the same problems? If so, when?		

Trauma					Yes	No		
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.								
40. Current.	Have you been feeling intense fear, helplessness or horror in response to an extremely traumatic event (actual or threatened death or serious injury to you or someone else) that has continued to bother you for at least the <i>past month</i> ?							
41. Past.	Have there been other, <i>separate periods</i> of a month or more before this when you had the same problems? If so, when?							
Instructions. Answer the following questions if you answered “yes” to item 40 above. Otherwise, skip the rest of these items. Use checks (✓) to show how much each statement has been true of you since the traumatic event(s).					Not at all true	Somewhat true	Mostly true	Very true
42.	I avoided thinking or talking about what happened by staying away from certain places people or activities.	0	1	2	3			
43.	I feel especially alert/watchful as if something terrible might happen.	0	1	2	3			
44.	I began to feel more distant or isolated from other people.	0	1	2	3			
45.	I found it hard to have strong (e.g., loving) feelings for other people.	0	1	2	3			
46.	I began to feel there was no point in planning for the future.	0	1	2	3			
47.	I had more trouble than usual falling asleep or staying asleep.	0	1	2	3			
48.	I became jumpy or got easily startled by ordinary noises or movements.	0	1	2	3			
10 items	0 – 7	8 – 21				Total →		