

Anxiety Test

In the past month how true is it that you experienced each symptom or each has been a problem for you?

True (2) Maybe or sometimes true (1) Not true (0)

1. _____ Trouble falling asleep or staying asleep, or sleeping too much
2. _____ Worrying that involves having “*What if?*” thoughts
3. _____ Worrying even when there are no signs of trouble or problems
4. _____ Spending a lot of time thinking about unpleasant worries
5. _____ Feeling overly tense, unable to relax
6. _____ Physical tension in the form of jitteriness, jumpiness, foot or hand tapping, twitching, fidgeting, restlessness, easily startled
7. _____ Having a panic attack or feeling loss of control
8. _____ Sudden fits of trembling or your heart starts rapidly pounding
9. _____ Sensations of shortness of breath or smothering
10. _____ Feeling dizzy, unsteady, lightheaded, or faint
11. _____ At times, things seem unreal or you feel detached from your surroundings
12. _____ Specific fear of an object or situation—e.g. snakes, dogs, traveling in airplanes, heights, etc.
13. _____ Avoiding people or social situations due to a fear of having to be noticed, speak, or perform
14. _____ Having compulsive habits such as hand washing, counting, keeping things in a certain order, keeping numbers or things even

Add up your scores _____

A score of 3 to 5 indicates mild anxiety.

A score of 6 or more indicates an anxiety disorder