

Anxiety Symptom Questionnaire

Section A:

1. Have you ever had a panic attack? Yes ___ No ___
2. If yes, have you had at least one such attack in the last month? Yes ___ No ___
3. If you had an attack in the last month, did you worry about having another? Or did you worry about the implications of the attack for your physical or mental health? Yes ___ No ___
4. In your worst experience with anxiety, which of the following symptoms did you experience?
 - shortness of breath or smothering sensation
 - dizziness or unsteady feeling
 - heart palpitations or rapid heartbeat
 - trembling or shaking
 - sweating
 - choking
 - nausea or abdominal distress
 - feelings of being detached or out of touch with your body
 - numbness or tingling sensations
 - flushes or chills
 - chest pain or discomfort
 - fear of dying
 - fear of going crazy or doing something out of control

Section B:

5. Does fear of having panic attacks cause you to avoid going into certain situations? Yes ___ No ___
6. If yes, which of the following situations do you avoid?
 - going far away from home
 - shopping in a grocery store
 - standing in a checkout line
 - going to department stores
 - going to shopping malls
 - driving on freeways
 - driving on surface streets far from home
 - driving anywhere by yourself
 - using public transportation: buses, trains, planes
 - going over bridges
 - going through tunnels
 - riding in elevators
 - being in high places
 - going to a dentist's or doctor's office
 - sitting in barber's or hairstylist's chair
 - eating in restaurants
 - going to work
 - being too far from a safe person or safe place
 - being alone outside the home
 - going outside your home

Section C:

7. Do you avoid certain situations because you are afraid of being embarrassed or negatively evaluated by others, or where embarrassment could lead to panic? Yes ___ No ___

8. If yes, which of the following situations do you avoid because of a fear of embarrassment or humiliation?
- sitting in any kind of group (for example: at work, school classroom, social organizations, self-help groups)
 - giving a talk or presentation before a small group of people
 - giving a talk or presentation before a large group of people
 - parties or social functions
 - using public restrooms
 - eating in front of others
 - writing or signing your name in the presence of others
 - dating
 - any situation where you might say something foolish

Section D:

9. Do you feel quite anxious much of the time? Yes No
10. Have you been quite anxious for at least the last six months? Yes No
11. If yes, which of the following symptoms have you been experiencing?
- restlessness or feeling keyed up or on edge
 - being easily fatigued
 - difficulty concentrating or mind going blank
 - irritability
 - muscle tension
 - sleep disturbance (difficulty falling or staying asleep)

Section E:

12. Do you have recurring, intrusive thoughts such as hurting or harming a close relative, being contaminated with dirt or a toxic substance, fearing you forgot to lock your door or turn off an appliance (recognizing these thoughts are irrational)? Yes No
13. Do you perform ritualistic actions such as washing your hands, checking or counting to relieve anxiety over irrational fears that enter your mind? Yes No

Section F:

14. Have you ever experienced a traumatic event in which you felt intense fear because you either experienced or witnessed an actual death or threat of death or serious injury? Yes No
- If Yes:
15. Since this event have you experienced:
- intrusive and distressing recollections of the event
 - recurrent distressing dreams of the event
 - feeling the event was recurring (reliving it, illusions of it, or flashbacks)
 - emotional distress over reminders of the event
 - physical distress over reminders of the event
16. Since the event have you experienced:
- attempts to avoid thoughts, feelings or discussion of the event
 - attempts to avoid people, places or activities that remind you of the event
 - difficulty remembering an important part of the event
 - decrease in interest and involvement in important activities
 - feeling detached from others
 - limited emotions
 - expecting to have a limited future
17. Since the event have you experienced:
- difficulty falling or staying asleep
 - irritability or temper outbursts
 - difficulty concentrating
 - hypervigilance
 - exaggerated startle response

SCORING

SECTION A:

This section tests for the presence of Panic Disorder (PD). If you answer yes to questions 1 and 2 *only*, you do not necessarily have PD. Studies have indicated that 7% to 34% of the general population has experienced an occasional panic attack. If you answer yes to question 3, you are experiencing an important feature of PD, that is the fear of having another attack or the *fear of fear* cycle. That fear can help perpetuate the development of further attacks and exacerbate the problem. If this fear of fear is causing recurrent attacks, you have Panic Disorder. How do you know if the anxiety symptoms you experienced constitute a panic attack? If you experienced 4 or more of the symptoms in question 4 within a 10 minute period, you had a panic attack.

SECTION B:

This section tests for the presence of Agoraphobia: the fear of being too far from a safe place or safe person, or in places or situations from which escape is difficult, or the fear of help being unavailable if you experience a panic attack. If you check yes to question 5, you may have agoraphobia. The more situations checked in question 6 suggest a greater degree of agoraphobia.

SECTION C:

This section tests for Social Phobia. If you check yes to question 7, you likely have Social Phobia. The more situations checked in question 8 suggest a greater degree of Social Phobia.

SECTION D:

This section tests for Generalized Anxiety Disorder (GAD). If you answer yes to questions 9 and 10, you likely have GAD. If you also check 3 or more of the items in question 11, you do have GAD.

SECTION E:

This section tests for Obsessive-Compulsive Disorder (OCD). If you answer yes to question 12, you are experiencing obsessions. If you answer yes to question 13, you are experiencing compulsions. Answering yes to either or both constitutes OCD.

SECTION F:

This section tests for Post-Traumatic Stress Disorder (PTSD). If you answer yes to question 14 *and* check one or more in 15, *and* check 3 or more in 16, *and* check 2 or more in 17, *and* these have lasted at least one month, you have PTSD.