



Anxiety Screening Test

1. Do you feel that you worry excessively about many things?
2. Do you experience sensations of shortness of breath, palpitations or shaking while at rest?
3. Do you have a fear of losing control of yourself or of *going crazy*?
4. Do you avoid social situations because of feelings of fear?
5. Do you have specific fears of certain objects e.g., animals or knives?
6. Do you feel afraid that you will be in a place or a situation from which you feel that you will not be able to escape?
7. Does the idea of leaving home frighten you?
8. Do you have recurrent thoughts or images in your head that refuse to go away?
9. Do you feel compelled to perform certain behaviors repeatedly e.g., checking that you locked the doors or turned off the gas?
10. Do you persistently relive an upsetting event from the past?

Disclaimer:

If you have answered yes to five or more of the questions above, it may mean that you are experiencing mild to moderate anxiety symptoms that indicate the need for an evaluation by a psychotherapist.