

# Anxiety Screening Test

**For more than two weeks:**

1. Do you feel that you worry excessively about many things?  YES  NO
2. Do you experience sensations of shortness of breath, palpitations or shaking while at rest?  YES  NO
3. Do you have a fear of losing control of yourself or of going crazy?  YES  NO
4. Do you avoid social situations because of feelings of fear?  YES  NO
5. Do you have specific fears of certain objects e.g. animals or knives?  YES  NO
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?  YES  NO
7. Does the idea of leaving home frighten you?  YES  NO
8. Do you have recurrent thoughts or images in your head that refuse to go away?  YES  NO
9. Do you feel compelled to perform certain behaviors repeatedly e.g. checking that you locked the doors or turned off the gas?  YES  NO
10. Do you persistently relive an upsetting event from the past?  YES  NO

**Scoring Instructions:** If you answered “YES” to 3 or more questions, and you have had these symptoms for at least two weeks, you may benefit from a screening interview with Dr. Sadock.

**DISCLAIMER:** this online Anxiety Screening test is a preliminary screening test for anxiety symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate anxiety symptoms that indicate the need for an evaluation by a psychiatrist.