

Anxiety Screening Quiz

Disclaimer. This screening measure is intended solely for informational purposes only and is not designed to provide a diagnosis or treatment. An accurate diagnosis can only be made by a qualified professional after a thorough evaluation.

Over the past month, have you experienced the following:

	NEVER	SOMETIMES	OFTEN
Pounding heart			
Sweating			
Trembling or Shaking			
Shortness of breath			
Feeling afraid or scared			
Chest pain or discomfort			
Nausea			
Feeling Dizzy			
Fear of losing control or going crazy			
Numbness or tingling			
Hot or cold flashes			
Fear of dying			
Constant or persistent worry			
Feeling as if you were choking			
Inability to relax			
Feeling of being unreal			
Nervous			
Feeling shaky or wobbly			
Irritability			
Difficulty sleeping			
Avoiding situations because of your anxiety			
Feeling faint or lightheaded			

If you have endorsed many of these items as occurring 'Sometimes' or 'Often,' you may be struggling with anxiety. You may wish to consult with a mental health professional to discuss diagnosis and treatment issues.