

Anxiety Screening Quiz

Use this quiz to help you determine if you might need to see a mental health professional for diagnosis and treatment of an anxiety or panic disorder.

Instructions: This is a screening measure to help you determine whether you might have an anxiety disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an anxiety disorder or take the place of a professional diagnosis or consultation. Please take the time to fill out the below form as accurately, honestly, and completely as possible. All of your responses are confidential.

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Think back about how you've felt over the past month. Please choose how often you've experienced each of the following anxiety symptoms during that time:

	Usually	Often	Sometimes	Rarely	Never
Pounding Heart					
Sweating					
Trembling/Shaking					
Shortness of breath					
Afraid or scared					
Chest pain or discomfort					

	Usually	Often	Sometimes	Rarely	Never
Nausea or abdominal distress					

Feeling dizzy or unsteady					
Fear of losing control or going crazy					
Numbness or tingling sensations					
Chills or hot flashes					
Fear of dying					

	Usually	Often	Sometimes	Rarely	Never
Constant or persistent worry					
Feeling of choking					
Unable to relax					
Feeling of being unreal					
Nervous					
Feeling shaky or wobbly					

	Usually	Often	Sometimes	Rarely	Never
Irritable or difficulty sleeping					
Trembling hands					
Avoid situations because of anxiety					
Feeling lightheaded or faint					

