

Am I Suffering from Anxiety?

Print out this form. Check "Yes" or "No" for the following items:

YES NO

- ____ ____ 1. I have excessive worry or apprehensive expectations occurring more days than not for at least six months about many events.
- ____ ____ 2. I have obsessive worries that are difficult for me to control.
- ____ ____ 3. My anxiety and worry are associated with three or more of the following symptoms: 1) restlessness or feeling "keyed up" or "on edge," 2) being easily fatigued, 3) difficulty concentrating or mind going blank, 4) irritability, 5) muscle tension, 6) sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- ____ ____ 4. The focus of my anxiety or worry is not confined to a specific issue or conflict.
- ____ ____ 5. My anxiety or worry causes symptoms which distress or impair my social, occupational, or other areas of functioning.
- ____ ____ 6. My anxiety or worry is not due to effects of substance use or a medical condition.

PLEASE REVIEW YOUR RESPONSES: If you checked "Yes" to three (3) or more items, you may possibly be suffering from Generalized Anxiety Disorder.

- ____ ____ 1. I experience distinct, abrupt periods of fear or discomfort in which I experience palpitations, pounding heart, or accelerated heart rate, peaking within a 10 minute period.
- ____ ____ 2. I experience distinct, abrupt periods of fear or discomfort in which I experience sweating, peaking within a 10 minute period.
- ____ ____ 3. I experience distinct, abrupt periods of fear or discomfort in which I experience trembling or shaking, peaking within a 10 minute period.
- ____ ____ 4. I experience distinct, abrupt periods of fear or discomfort in which I experience sensations of shortness of breath or a sense of feeling smothered, peaking within a 10 minute period.
- ____ ____ 5. I experience distinct, abrupt periods of fear or discomfort in which I experience feelings of choking, peaking within a 10 minute period.
- ____ ____ 6. I experience distinct, abrupt periods of fear or discomfort in which I experience chest pain or discomfort, peaking within a 10 minute period.

- _____ 7. I experience distinct, abrupt periods of fear or discomfort in which I experience nausea or abdominal distress, peaking within a 10 minute period.
- _____ 8. I experience distinct, abrupt periods of fear or discomfort in which I experience feeling dizzy, unsteady, lightheaded, or faint, peaking within a 10 minute period.
- _____ 9. I experience distinct, abrupt periods of fear or discomfort in which I experience derealization (feelings of unreality) or depersonalization (being detached from oneself), peaking within a 10 minute period.
- _____ 10. I experience distinct, abrupt periods of fear or discomfort in which I experience fear of losing control or going crazy, peaking within a 10 minute period.
- _____ 11. I experience distinct, abrupt periods of fear or discomfort in which I experience fear of death or dying, peaking within a 10 minute period.
- _____ 12. I experience distinct, abrupt periods of fear or discomfort in which I experience paresthesias (numbness or tingling sensations), peaking within a 10 minute period.
- _____ 13. I experience distinct, abrupt periods of fear or discomfort in which I experience chills or hot flashes, peaking within a 10 minute period.

PLEASE REVIEW YOUR RESPONSE: If you checked "Yes" to four (4) or more items, you may possibly be suffering from Panic Attacks.

- _____ 1. I experience anxiety about being in places or situations from which escape might be difficult or embarrassing; or in which help may not be available in the event of having an unexpected anxiety or panic attack.
- _____ 2. I avoid situations (such as travel) restricted or endured with marked distress or panic like symptoms, or require the presence of a companion.
- _____ 3. The anxiety or phobic avoidance is not better accounted for by another disorder, illness or circumstance.

PLEASE REVIEW YOUR RESPONSES: If you checked "Yes" to at least two (2), you may possibly be suffering from Agoraphobia.

We can help! Call the Richardson Regional Medical Center Helpline at 972-498-8500 for more information and/or a no cost evaluation for our mental health services unless you are having active suicidal thoughts. If you are having suicidal thoughts, please go to your nearest emergency room as soon as possible!