



## **Anxiety Self-Assessment**

1. I worry about things often.
2. I am not able to relax.
3. I avoid certain things, situations, animals, or closed in spaces because they make me afraid.
4. My heart starts pounding heavily out of the blue.
5. My mood changes a lot with changes in my environment.
6. I feel afraid even when there is no reason to feel afraid.
7. Sometimes I feel disconnected from my surroundings.
8. I get pains even when I have no injuries or illness.
9. I sweat and am uncomfortable when people look at me.
10. I would rather stay home than go to school or work because I want to avoid being called on.

11. I have bad dreams.

12. I have hot flashes and/or chills for no reason.

13. I am nauseated when there is no medical reason.

14. I am afraid I might do something embarrassing.

15. I feel scared and have shortness of breath.

16. I have increased sensitivity to light, touch, and sound.

17. I have sudden attacks of diarrhea.

18. I am easily fatigued.

19. I have trouble sleeping.

20. I wake up in the middle of the night and have trouble falling back asleep.

21. I suddenly become depressed for no apparent reason.

If you answered yes to several of these questions, you may meet the clinical criteria for a diagnosis of an anxiety disorder and could benefit from therapy.