

# Anxiety

Yes

A. Feeling tense or anxious? .....

B. Worrying a lot about things? .....

## If YES to any of the above, continue below

1. Symptoms of arousal and anxiety .....

2. Experienced intense or sudden fear unexpectedly or for no apparent reason?

Fear of dying .....

Fear of losing control .....

Pounding heart .....

Sweating .....

Trembling or shaking .....

Chest pains or  
difficulty breathing .....

Feeling dizzy,  
lighthearted or faint .....

Numbness or tingling  
sensations .....

Feelings of unreality .....

Nausea .....

3. Experiences fear/anxiety in specific situations

leaving familiar places .....

travelling alone, e.g. train, car, plane .....

crowds confined places/public places .....

4. Experienced fear/anxiety in social situations. .

speaking in front of others .....

social events .....

eating in front of others .....

worry a lot about what others think or self-consciousness? .....

## Summing up

Positive to A, B and 1, recurring regularly negative to 2, 3 and 4:

Indication of **generalized anxiety** .....

Positive to 1 and 2: indication of **panic** .....

Positive to 1 and 3: indication of **agoraphobia** .....

Positive to 1 and 4: indication of **social phobia** .....