

Anxiety Self-Assessment

Check all the statements that apply to you.

- 1. I worry most of the time.
- 2. I often feel faint or dizzy.
- 3. I often have shortness of breath.
- 4. At times, I tremble or shake.
- 5. My heart races or beats fast.
- 6. I have problems sleeping.
- 7. I often have headaches or neck pain.
- 8. I get butterflies in my stomach a lot.
- 9. I feel like I'm losing control.
- 10. I am afraid for no reason.
- 11. I have difficulty concentrating.
- 12. I have made a lot of mistakes.
- 13. I worry about what is going to happen.
- 14. Things that I used to enjoy I don't enjoy anymore.
- 15. I often have unpleasant thoughts.
- 16. Sometimes I think my life is worthless.
- 17. I cannot relax or calm down.
- 18. Stories in the news really bother me.
- 19. I have too many problems.
- 20. I always think that I will be embarrassed.
- 21. I don't like to be left alone.
- 22. Sometimes I think I'm going to have a heart attack.
- 23. When I am nervous, I go to the bathroom a lot.
- 24. My hands get sweaty for no reason.
- 25. I always get really nervous when I take a test.
- 26. I think people are watching me.
- 27. I get really nervous if I have to speak in public.
- 28. I don't like being in crowds.
- 29. I get nervous around people.
- 30. In the past 6 months, I have had a panic attack.

Sheila Jenkins, Ph.D., Psychologist

5821 Southwest Freeway, Suite 380, Houston, Texas 77057, 713 266-9837
www.drsheilajenkins.com