Dr Marti Fausold-Mowers
Anxiety Symptom Questionnaire

NAME Enter Name

DATE of BIRTH

To Day's DATE

SECTION A:

1. Have you ever had a panic attack?
2. If yes, have you had at least one such attack in the last month?
3. If yes: did you worry about having another?
   did you worry about the implications for your physical or mental health?
4. In your worst experience with anxiety, which of the following symptoms did you experience? Check all that apply:

- ☐ Shortness of breath or smothering sensation
- ☐ dizziness or unsteady feeling
- ☐ heart palpitations or rapid heartbeat
- ☐ trembling or shaking
- ☐ sweating
- ☐ choking
- ☐ nausea or abdominal distress
- ☐ feelings of being detached or out of touch with your body
- ☐ numbness or tingling sensations
- ☐ flushes or chills
- ☐ chest pain or discomfort
- ☐ fear of dying
- ☐ fear of going crazy or doing something out of control

SECTION B:

5. Does fear if having panic attacks cause you to avoid going into certain situations?
6. If yes, which of the following do you avoid? Check all that apply:

- ☐ going away from home
- ☐ shopping in a grocery store
- ☐ standing in a checkout line
- ☐ going to department stores
- ☐ going to shopping malls
- ☐ driving on freeways
- ☐ driving on surface streets far from home
- ☐ driving anywhere by yourself

☐ using public transportation – buses, trains, airplanes

☐ going over bridges

☐ going through tunnels

☐ riding in elevators

☐ being in high places

☐ going to a dentist's or doctor's office

☐ sitting in a barber's or hairstylist's chair

☐ eating in a restaurant

☐ going to work

☐ being far from a safe person or safe place

☐ being alone outside the home

☐ going outside your home

SECTION C:

7. Do you avoid certain situiations because you are afraid of being embarrassed or negatively evaluated by others, or where embarrassment could lead to panic? ☐

8. If yes, which of the following situations do you avoid because of a fear of embarrassment or humiliation? Check all that apply:

☐ sitting in any kind of group (at work, school classroom, social or self help groups)

☐ giving a talk or presentation in front of a small group of people

☐ giving a talk or presentation in front of a large group of people

☐ party or social functions

☐ using public restrooms

☐ eating in front of others

☐ writing or signing your name in front of others

☐ dating

☐ any situation where you might say something foolish

SECTION D:

9. Do you feel quite anxious much of the time? ☐

10. Have you been quite anxious for at least six months? ☐

11. If yes, which of the following symptoms have you been experiencing? Check all that apply:

☐ restless or feeling keyed up or on edge

☐ being easily fatigued

☐ difficulty concentrating or mind going blank

☐ irritability

☐ muscle tension

☐ sleep disturbance (difficulty falling or staying asleep)

SECTION E:

12. Do you have recurring, intrusive thoughts such as hurting or harming a close relative, being contaminated with dirt or a toxic substance, fearing you forgot to lock your door or turn off appliances (recognizing these thoughts are irrational)?

13. Do you perform ritualistic actions such as washing your hands, checking or counting to relieve anxiety over irrational fears that enter your head?

SECTION F:

14. Have you experienced a traumatic event in which you felt intense fear because you either experienced or witnessed an actual death or threat of death or serious injury?

15. If yes, since this event have you experienced: Check all that apply:

- ☐ intrusive and distressing recollections of that event
- ☐ recurrent distressing dreams of the event
- ☐ feeling the event was recurring (reliving it, illusions of it, or flashbacks)
- ☐ emotional distress over reminders of the event
- ☐ physical distress over reminders of the event

16. Since the event have you experienced: Check all that apply:

- ☐ attempts to avoid thoughts, feelings or discussions of the event
- ☐ attempts to avoid people, places or activities that remind you of the event
- ☐ difficulties in remembering an important part of the event
- ☐ decrease in interest and involvement in important activities
- ☐ feeling detached from others
- ☐ limited emotions
- ☐ expecting to have a limited future

17. Since the event have you experienced: Check all that apply:

- ☐ difficulty falling or staying asleep
- ☐ irritability or temper outbursts
- ☐ difficulty concentrating
- ☐ hyper-vigilance
- ☐ exaggerated startle response