



Panic Anxiety Recovery Center^{PC}

Anxiety Disorders Screening Questionnaire

If you would like to speak with a licensed professional for a preliminary assessment for anxiety disorders, return the completed application to our office. You can also call and answer the questions on the telephone.

1. During the past month, did you experience a sudden, unexplained attack of intense fear, anxiety or panic for no apparent reason?

Yes No

If you answered "Yes" to #1, please answer 1a, 1b, and 1c. If you answered NO, go on to #2

- 1a. Were you afraid that you might have more of these attacks?

Yes No

- 1b. Were you worried that these attacks could mean you were losing control, having a heart attack, or "going crazy"?

Yes No

- 1c. Did these attacks cause changes or avoidance patterns in your behavior?

Yes No

2. During the past month, have you been afraid of not being able to get help or not being able to escape in certain situations, like being on a bridge, in a crowded store or in similar situations?

Yes No

3. During the past month, have you been afraid or unable to travel alone without a companion or friend?

Yes No

4. During the past month, have you persistently worried about several different things, such as work, school, family, money and others?

Yes No

5. During the past month, did you find it difficult to control your worrying?

Yes No

6. During the past month, did your persistent worrying or nervousness cause problems with your work or your dealings with people?

Yes No

7. During the past month, did you have persistent, senseless thoughts you could not get out of your head, such as thoughts of death, illnesses, aggression, sexual urges, contamination or other senseless thoughts?

Yes No

8. During the past month, did you spend more time than is necessary doing things over and over again such as washing your hands, checking things or counting things?

Yes No

9. During the past month, did you spend more than one hour a day either involved in your senseless thoughts or your needless checking, washing or counting?

Yes No

10. During the past month, were you afraid to do things in front of people such as public speaking, eating, performing, teaching or others?

Yes No

11. During the past month, did you either avoid or feel very uncomfortable in situations involving people, such as parties, weddings, dating, dances and other social events?

Yes No

12. Have you ever had an extremely frightening, traumatic or horrible experience like being the victim of a violent crime, seriously injured in an accident, sexually assaulted, seeing someone seriously injured or killed, or been the victim of a natural disaster?

Yes No

If you answered yes to 12, please answer 12a thru 12e.

- 12a. Did you relieve the traumatic experience through recurrent dreams, preoccupations, or flashbacks?

Yes No

- 12b. Did you seem less interested in important things, not "with it" or unable to experience or express emotions?

Yes No

- 12c. Did you have problems sleeping, concentrating or have a short temper?

Yes No

- 12d. Did you avoid any place or anything that reminded you of the original horrible event?

Yes No

- 12e. Did you have some of the above problems for more than one month?

Yes No

During the past month, have you:

- 13a. Often felt sad or depressed?

Yes No

- 13b. Stopped enjoying the same pleasures that you enjoyed in the past?

Yes No

- 13c. Usually felt hopeless about the future?

Yes No

- 13d. Recently thought or are currently thinking of suicide?

Yes No

- 13e. Had difficulty sleeping or staying asleep?

Yes No

- 13f. Experienced either a significant weight gain or loss (without dieting)?

Yes No

14. How much of the time does your anxiety interfere with your daily life?

1. Not at all (0%)
 2. Rarely (5-10%)
 3. Some of the time (20-30%)
 4. About half the time (40-60%)
 5. Most of the time (70-80%)
 6. Almost all the time (90-100%)

15. If you are not in treatment, how ready are you to get professional help? (fill in one box)

1. Not even thinking about getting help
 2. Occasionally thinking about getting help
 3. Considering getting help
 4. Almost ready to get help
 5. Ready to get help now

PRINT YOUR NAME

TELEPHONE