



## Anxiety Screening

In the past **30 days**:

	Never	Rarely	Sometimes	Very often	Almost always
	A	B	C	D	E
1. I have been worried, anxious or overly concerned					
2. I have had a lot of physical symptoms that can't be explained					
3. I have had thoughts that seem intrude on my mind and refuse to go away					
4. I have been experiencing the sensation of shortness of breath, heart palpitations and/or shakiness which seem to come out of the blue					
5. I have found myself avoiding places or situations which I believe are linked to my anxiety attacks					
6. I find I feel better if I engage in certain rituals such as hand washing, or checking behaviors					
7. I feel tense or on edge					
8. I have thoughts of suicide					
9. I find it hard to accept anything I do as less than perfect					
10. I find myself reliving upsetting events from the past					

**If you have checked statement #8 with C, D, or E, seek help immediately,** regardless of the other statements you checked. This involves taking steps to be with someone you trust or in the care of a medical facility. This may require you to call 911 or your nearest emergency medical services.

If you checked C, D, or E for **five or more**, you should see a mental health professional.

If you checked C, D, or E for **five or less**, you may still be functioning, but your quality of life may be impaired and you may benefit from contacting a mental health professional.