

# ANXIETY QUESTIONNAIRE

<i><b>Directions:</b> The following is a list of symptoms of anxiety that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week.</i>	Not at all 0	Somewhat 2	Moderately 3	A Lot 4
<b>CATEGORY 1: ANXIOUS FEELINGS</b>				
1. Anxiety, nervousness, worry or fear				
2. Feeling that things around you are strange, unreal or foggy				
3. Feeling detached from all or part of your body				
4. Sudden, unexpected panic spells				
5. Apprehension or a sense of impending doom				
6. Feeling tense, stressed, "uptight," or on edge				
<b>CATEGORY 2: ANXIOUS THOUGHTS</b>				
7. Difficulty concentrating				
8. Racing thoughts or having your mind jump from one thing to the next.				
9. Frightening fantasies or daydreams				
10. Feeling that you're on the verge of losing control				
11. Fears of cracking up or going crazy				
12. Fears of fainting or passing out				
13. Fears of physical illness or heart attacks or dying				
14. Concerns about looking foolish or inadequate in front of others				
15. Fears of being alone, isolated, or abandoned				
<b>TOTAL</b>				

**A score of greater than 10 may indicate anxiety, which is a treatable condition.**  
**If you feel that you need to speak to someone about this questionnaire or any mental health issue,**  
**Please contact the Palmetto EAP Consultant to set up a counseling appointment in your area.**

The Palmetto EAP Consultant can be reached at  
**(803) 581-7327**  
 (Available 24-7)