

Anxiety Checklist

Name: _____ **D.O.B.:** _____ **Age:** _____ **Sex:** **M** **F**

Directions: Please rate the frequency or severity of the following items by placing an “x” in appropriate category

	Yes	No
Do you experience feelings of nervousness or tend to worry a lot?		
Do you experience feelings of tension, fatigue, restlessness, or find it hard to relax?		
Do you frequently have fears and apprehension about the future?		
Are you fearful of the dark, strangers, animals, traffic, crowds, of being left alone, etc.?		
Do you have trouble making up your mind about things (indecisiveness)?		
Do you frequently fidget, feel restless, become easily agitated when things don't go your way, or that your “nerves are on edge?”		
Have you experienced a feeling of “butterflies in stomach”, frequent indigestion, stomach cramps, hyperventilation, flushing, increased heart rate or palpitations, or an increase in frequency of urination?		
Do you experience difficulty falling asleep since it's hard to “turn off your brain” or stop processing thoughts?		
Do you have trouble concentrating on things like watching television or reading the newspaper?		
Do you have difficulty remembering things you should remember?		
Do you experience tightness in your chest and/or difficulty in breathing?		
Has your appetite recently changed? Have you lost or gained weight without dieting?		
Is it hard for you to get to sleep (insomnia) or do you frequently awaken during the night and experience restless sleep?		
Do you experience frequent nightmares or night terrors?		
Do you experience difficulty in swallowing, abdominal pain, burning sensations, abdominal fullness, nausea, either loose bowels or constipation, or unexplained recent weight loss?		
Do you worry about physical health or seem to have increased body aches (headaches, backaches, joint pain, upset stomach, bowel problems, etc.)?		
Do you struggle with feelings of guilt or feel that you are the cause of your problems?		
Do you experience tremor of hands, rapid heart beats, brisk tendon or muscle jerks, hot or cold flashes, or muscle weakness?		