Therapy-on-Sea

The Anxiety Checklist

This checklist will help to determine the type of anxiety you are experiencing. Place a checkmark besides all the statements that describe you

CATEGORY A

I have intense fear of specific object/situation

I almost always feel afraid when facing this object/situation

I try to avoid this object/situation. If I must face it I feel intensely afraid

My fear is out of proportion to the actual danger

I've had this fear for many months

This fear causes problems in my daily life

CATEGORY B

I have intense fear or anxiety about social/performance situations (e.g. meeting new people, giving a speech

In these situations, I am afraid I will show my anxiety (blushing, trembling, sweating) and people will think badly of me

I'm nearly always anxious or afraid in these situations

I try to avoid these situations or face them with intense fear

My fear seems too great for the actual threat in the situation

I've feared or avoided these situations for many months

This fear or avoidance creates problems in may daily life

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CATEGORY C

I've experience sudden episodes of intense and overwhelming fear that seems to come out of the blue

During these episodes, I experienced four or more of the following symptoms

- Racing or pounding heart
- Sweating
- Shaking
- Breathlessness
- Choking sensations
- Chest pains or discomfort
- Nausea or stomach-ache
- Dizziness or faintness
- Chills or feeling hot
- Numbness or tingling
- Feelings of unreality or detachment
- Feelings of loss of control or going crazy or feeling afraid to die

I worry about having more episodes and try to avoid them (e.g. by avoiding exercise that might raise my heart rate or cause shortness of breath

CATEGORY D

I have intense fear of at least two of the following

- Public transport
- Open spaces
- Enclosed spaces
- Standing in line or in a crowd
- Going out of my home alone

I fear or avoid these situations because it would be hard to escape or get help if I had a panic attack or emergency

These situations nearly always make me afraid

I avoid these situations or endure them with much anxiety

My fear seems out of proportion to the actual danger involved

I've feared these situations for many months

This fear is causing me problems in my daily life

CATEGORY E

I worry excessively about many things most days (e.g. job, responsibilities, health, finance)

I worry about state of affairs, media, world problems, environment, things that are out of my control

I find it hard to control my worry

I've worried like this for several months

When I worry, I've experienced at least a few of the following

- Restlessness
- Being easily tired
- Trouble thinking
- Irritability
- Muscle tension
- Trouble sleeping

These worries cause me problems in my daily life

RESULTS

Mostly A – Specific Phobia

Mostly B – Social Anxiety Disorder

Mostly C – panic disorder

Mostly D – Agoraphobia

Mostly E – Generalised Anxiety Disorder (GAD)