

# Self Discovery Questionnaire for Anxiety

The following questionnaire is not meant as a tool for diagnosis. Nor is it meant as a replacement for mental health care from a trained professional or for recommendations or medications by your doctor. The following questions are based on the classification of anxiety disorders used by mental health professionals. If you are struggling with mental health issues, please seek help from a trained mental health professional or your doctor/care team.

1) Do you have spontaneous/untriggered anxiety attacks that seemingly come out of the blue and are not associated with phobias?  YES  NO

2) Have you had one or more anxiety attacks in the past month?  YES  NO

3) If you've had an anxiety attack in the last month, did you worry about having another? Did you worry about the implications of your attack on your physical or mental health?  
 YES  NO

4) During your worst experiences with anxiety, did you have three or more of the following symptoms?

Shortness of breath or the sensation of feeling smothered?

Dizziness or a feeling of being unsteady?

Heart palpitations or the sensation of rapid heartbeat?

Sensation of trembling or shaking?

Sweating?

Sensation of choking?

Nausea or other types of abdominal/GIT upset?

Feelings of detachment or feeling out of touch with your body?

Sensation of numbness or tingling?

Hot flushes or chills?

Chest pain or chest discomfort?

Fear of dying?

Fear that you are going crazy or fear of being/doing something out of control?

If you answer yes to 1, 2, 3, and 4, you may want to talk to your mental health practitioner or doctor/care team about the possibility of panic disorder or anxiety. If you answered yes to 1, but your symptoms involved three or fewer items from the list, you may want to talk to your mental health practitioner or doctor/care team about limited-symptom panic attacks.