

Anxiety Quiz

Go through each question, and answer it according to how you truly feel. Try to be as honest and accurate as possible in your answers. This Anxiety Potential Self-Evaluation Quiz will help you to identify if it is likely that you will experience anxiety symptoms or an anxiety condition.

1. Do you worry?
 Yes, I worry quite a bit, and about many things.
 Yes. There are some things that I worry about regularly.
 Yes. I do worry. But not overly.
 Yes. I worry about a few things, but not that often.
 No. I wouldn't consider myself a worrier.

2. Are you concerned about losing control?
 Not really. I don't need to be in control.
 Not really. I'm okay with not being in control all the time.
 Yes. Sometimes it bothers me when I'm not in control.
 Yes. I like to be in control.
 Yes. I HAVE to be in control.

3. Do you every have thoughts that run on and on and you can't seem to stop them?
 No.
 Yes. That happens to me sometimes.
 Yes. That happens on and off.
 Yes. Sometimes it gets quite annoying.
 Yes. I feel like this a lot of the time.

4. How have you been feeling emotional lately?
 I feel very satisfied and content.
 I feel good. No major problems.
 I feel okay.
 I'm having some issues right now.
 I'm having some major issues.

5. Describe your sleep patterns over the last four weeks.
 I have been sleeping very well (6-8 hours per night of sound sleep).
 Not too bad (5-7 hours per night, some interruptions).
 Average (4-6 hours per night, regular disruptions).
 Not too good (3-5 hours per night with restlessness).
 Not good (2-4 hours per night with a lot of restlessness).

6. How often do you feel overwhelmed?
- Rarely (once or twice a year).
 - Occasionally (once or twice in six months).
 - Frequently (once or twice a month).
 - Regularly (once or twice a week).
 - Almost always (almost every day, sometimes I don't).
7. Describe your rest/relaxation habits.
- I take regular relaxation and rest breaks, including holidays.
 - I take frequent rest breaks and holidays.
 - I take some time to rest and the occasional holiday.
 - I don't take enough rest breaks and seldom holidays.
 - I don't stop often at all. Who has time for holidays?
8. Describe your lifestyle.
- I have a nice balance of work, play and rest.
 - I have a balance, but could take more time to rest and play.
 - I'm about average.
 - I frequently feel out of balance. I have too much work and responsibility.
 - I'm busy all day and everyday. I have way too much to do.
9. Select the answer that best describes the events in your life this past year.
- It's been a very calm and satisfying year.
 - It's been good for the most part, however, there have been some pressures or changes.
 - It's been about average.
 - It's been kind of hectic and chaotic. Many changes and challenges.
 - It's been very unsettled. Lots of challenges and pressures.
10. How do you feel about yourself?
- I'm very confident and comfortable with who I am.
 - I feel pretty good about myself.
 - I'm okay.
 - I don't feel that good about myself lately.
 - I don't feel very good about myself at all.
11. In the last two months, have you experienced dizziness, upset stomach, trembling or shaking, or an unusual amount of fear or stress when trying to rest?
- No. Not at all.
 - A couple of times, but not too bad.
 - Occasionally.
 - Frequently, and it's getting more and more.
 - Almost always.

12. Do you avoid social situations or gatherings because of nervousness or fear?
- Yes. All the time.
 - Yes. Frequently.
 - Yes. Sometimes.
 - Yes. Very seldom.
 - No. I like social situations.
13. Are you afraid that you may get into a place or situation where you may not be able to escape in a hurry?
- No. I don't think about that at all.
 - Occasionally. But not that often.
 - Yes. It does bother me sometimes.
 - Yes. I do think about it and do become nervous.
 - Yes. It is a big fear for me.
14. How often do you feel afraid or worried?
- I can't recall the last time I was really afraid or worried.
 - Not too often, but sometimes.
 - Frequently.
 - Regularly. Things have been very challenging lately.
 - Almost all the time. Things have been very difficult.
15. Do you drink caffeinated drinks (such as coffee, tea, soft drinks, etc.) or ingest chocolate or sweets regularly?
- Yes. I have to have my fix everyday. I love it.
 - Yes, but only a couple of times a week.
 - Yes, but only a couple of times a month.
 - Yes, but only once in a while.
 - Not at all.
16. Do you have a lot of nervous energy (always on the go, hard to sit down, too much to do)?
- Yes. I can go all day and then some. No time to rest.
 - Yes, I do. But I do rest occasionally.
 - I think I'm about average.
 - I have some. But I do rest regularly.
 - I'm pretty relaxed most of the time.
17. How do you feel about confrontation (arguing or having disagreements)?
- I hate it. When there's a problem, I avoid it at all costs.
 - I don't like it. I try to avoid it if I can.
 - I don't like it, but I don't run away from it.
 - It's all a part of interacting with people.
 - It doesn't bother me at all.

18. Do you search the Internet, books, or the library in search of answers regarding your anxiety and/or how you are presently feeling?

No. Not at all. If I do it's just for entertainment.

Yes. But not that often.

Yes. Sometimes.

Yes. I look on-line for answers about how I'm feeling.

Yes. I'm constantly looking for answers about how I'm feeling.

19. Are you concerned about what people think of you?

No.

Not so much, But I do try to be nice and friendly.

Yes, to some degree.

Yes. I do sometimes worry about it.

Yes. It's very important what other people think about me.

20. What kind of parents/guardians did you have when growing up?

They were great.

They were good. Some issues, but not too bad.

They were okay. There were some problems, though.

Things were difficult as a child.

I had a very difficult childhood for so many reasons.