

Anxiety
Screening Assessment

Answer each question honestly. In the box to the left of each question write in, yes, no or sometimes.

- 1. I worry excessively, at least 50% of the time.
- 2. I have difficulty controlling my worrying.
- 3. I often feel restless, keyed-up or on edge.
- 4. I get tired easily.
- 5. I get irritable.
- 6. I have problems concentrating.
- 7. I often experience muscle tension (jaw, neck, shoulders)
- 8. I have trouble falling asleep or staying asleep.
- 9. Anxiety interferes with my daily life.
- 10. I have difficulty being around people.