

## Anxiety Test

High levels of anxiety could be indicative of an anxiety disorder. This test will help you discover if your anxiety levels are high enough to seek treatment for a possible disorder.

### Directions:

- Under "Score", enter your answer (0, 1, 2, or 3).
- Add up your score to discover if your score falls within mild, moderate, or severe.

Have you, over the last month, experienced the following issues (choose only one?)	Never	Infrequently	Frequently	All the Time	Score
Are you feeling anxious, worried, or afraid about finances, other people you know, your job, school, or other matters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Does it feel like your worrying, anxiety, or fear is out of control or taking over the way you feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you feel all wound up or edgy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you have trouble sleeping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you get tired easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you have difficulty focusing or do you often forget what you're doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you get irritated or annoyed easily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you have muscle aches or tightness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you have headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you have nausea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you feel breathless or hyperventilate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Feeling shaky or you have a lack of balance, like you're going to fall over, lightheaded, or dizzy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you suddenly sweat, become flushed, or have fast heartbeats, and is not caused by a medical condition (such as hypertension)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Do you have trouble getting to sleep, staying throughout the night, or have woken the whole night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Is the anxiety interfering in your life to the point where you quit hobbies, interests in your professional and/or personal relationships, causing you to miss work, deadlines, important events, or anything else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
<b>Your Score</b>					
<b>Your results will show here.</b>					