

**ANNUAL**

**SELF-ASSESSMENT**

# Anxiety: Self-Assessment

Check all of the following that apply:

## Family History

- There is a family history of mental illness or substance abuse in my family.
- I recognize similar signs and symptoms in family members, even if not diagnosed.
- There are some rumors about a relative in the family who spent time in a hospital.
- I've heard that relatives have struggled with nerves or had a nervous breakdown.
- Someone in my family died by suicide in the past.

## Environmental

- There are things going on in my home or work space that make me feel uncomfortable.
- Going to work or home brings up feelings of wanting to run away.
- My house or office is so cluttered that it makes me feel crazy/unable to find things.
- There are little things that I put up with in my home or office that are distracting/annoying.
- Sometimes I want to run out of the house/office screaming!

## Social

- I feel really uncomfortable in crowds.
- My stress goes up just thinking about being in a public place, such as a restaurant.
- I prefer to limit my interactions to family and friends who 'get me.'
- I worry about things I've said frequently - did I say the wrong thing?
- Going shopping is something I put off as long as possible.

## Interpersonal

- I dislike small talk.
- Conflict makes me very uncomfortable.
- Being around people who are very emotional is nerve-wracking for me.
- I avoid someone I see regularly because I dread being around or talking with them.
- I often make a fool of myself trying to communicate my thoughts and feelings.

## Health

- I have trouble sleeping.
- I have a chronic health condition, whether diagnosed or undiagnosed.
- My anxiety symptoms have been present most of my life.
- There are some situations that I simply cannot do without panicking.
- I use alcohol or other drugs (including herbs) to cope with crowds or intimate interactions.