



ANXIETY SCREENING

Below is a brief simple screening tool of symptoms commonly associated with anxiety. It is not a substitute for an evaluation by a trained mental health professional and is presented here as a way for you to gauge yourself by answering some basic questions. Answer the following questions with a simple “yes” or “no” and then consider the paragraph that follows.

1. I often feel anxious and don't necessarily know why.
2. I have felt anxiety for more than three months.
3. It is difficult for me to control my worries.
4. I frequently have trouble falling or staying asleep through the night.
5. At times I don't have that much energy and get tired easily.
6. I frequently feel “keyed up” or on “edge.”
7. I have difficulty concentrating or sometimes my mind goes blank.
8. I can be irritable.
9. I experience muscle tension.
10. Friends and family have told me they're concerned about how I'm doing.

If you answered “yes” to 4 or more of these questions Associates in Employee Assistance would encourage you to call for an appointment with an EAP counselor. If you answered “yes” to 5 or 6 of these questions you may have mild to moderate anxiety. If you answered “yes” to 6 or 7 of these questions your level of anxiety may be moderate. If you answered “yes” to 7 or more of these questions your level of anxiety may be severe.