

Self-Diagnosis Questionnaire

The following questionnaire is designed to help you identify which particular anxiety disorder you may be dealing with. It is based on the official classification of anxiety disorders used by all mental health professionals and known as DSM-IV (Diagnostic and Statistical Manual of Mental Disorders – fourth edition).

1. Do you have spontaneous anxiety attacks that come out of the blue? (Only tick "yes" if you do not have any phobias.)
Yes ____ No ____
2. Have you had at least one such attack in the last Month? Yes ____ No ____
3. If you had an anxiety attack in the last Month, did you worry about having another one? Or did you worry about the implications of your attack for your physical or mental health?
Yes ____ No ____
4. In your worst experience with anxiety, did you have more than three of the following symptoms?
 - Shortness of breath or smothering sensation
 - Dizziness or unsteady feeling
 - Heart palpitations or rapid heartbeat
 - Trembling or shaking
 - Sweating
 - Choking
 - Nausea or abdominal distress
 - Feelings of being detached or out of touch with your body
 - Numbness or tingling sensations
 - Flushes or chills
 - Chest pain or discomfort
 - Fear of dying
 - Fear of going crazy or doing something out of control

If your answers to 1, 2, 3 and 4 were Yes, stop. You've met the conditions for panic disorder.

If your answer to 1 was Yes, but your anxiety reaction involved three or fewer of the symptoms listed under 4, you are experiencing what are called *limited symptom attacks*, but do not have full-blown panic disorder.

If you have panic attacks and phobias, go on.

5. Does fear of having panic attacks cause you to avoid going into certain situations?
Yes ____ No ____

If your answer to 5 was Yes, stop. It is likely that you are dealing with agoraphobia. See question 6 to determine the extent of your agoraphobia.

6. Which of the following situations do you avoid because you are afraid of panicking?
 - Going far away from home
 - Shopping in a grocery store
 - Standing in a grocery store line
 - Going to department stores
 - Going to shopping malls

- Driving on freeways
- Driving on surface street far from home
- Driving anywhere by yourself
- Using public transportation (buses, trains etc.)
- Going over bridges (whether you're the driver or passenger)
- Flying in planes
- Riding in elevators
- Being in high places
- Going to the dentist or doctors office
- Sitting in a barber or beauticians chair
- Eating in restaurants
- Going to work
- Being too far from a safe person or safe place
- Being alone
- Going outside your house
- Other _____

The number of situations you checked above indicates the extent of your agoraphobia and the degree to which it limits your activity.

If your answer to 5 was No, but you do have phobias go on.

7. Do you avoid certain situations *not* primarily because you are afraid of panicking but because you are afraid of being embarrassed or negatively evaluated by other people? (your embarrassment could subsequently lead you to panic) Yes ____ No ____

If your answer to 7 was Yes, stop. It's likely that you are dealing with social phobia. See question 8 to determine the extent of your social phobia.

8. Which of the following situations do you avoid because of fear of embarrassing or humiliating yourself?
- Sitting in any kind of group (for example, at work, in school classrooms, social organisations, self help groups)
 - Giving a talk or a presentation before a small group of people
 - Giving a talk or a presentation before a large group of people
 - Parties or social functions
 - Eating in front of others
 - Writing or signing your name in front of others
 - Dating
 - Any situation where you might say something foolish
 - Other _____

The number of situations you checked indicates the extent to which social phobia limits your activities.

If your answers to questions 5 and 7 were No, but you have other phobias continue.

9. Do you fear and avoid any one (or more than one) of the following?
- Insects or animals, such as spiders, bees, snakes, rats, bats or dogs
 - Heights (high floors in buildings, top of hills or mountain or high level bridges)
 - Driving
 - Tunnels
 - Bridges
 - Elevators
 - Airplanes (flying)

- Doctors or dentists
- Thunder or lightning
- Water
- Blood
- Injections or medical procedures
- Illness such as heart attacks or cancer
- Darkness
- Other _____

10. Do you have high degrees of anxiety usually *only* when you have to face one of these situations?

Yes ____ No ____

If you checked one or more items in 9 and answered Yes to 10, stop. It's likely that you are dealing with a specific phobia. If not proceed.

11. Do you feel quite anxious much of the time but do *not* have distinct panic attacks, do *not* have phobias and do *not* have specific obsessions or compulsions?

Yes ____ No ____

12. Have you been prone to excessive worry for at least the last 6 Months?

Yes ____ No ____

13. Has your anxiety and worry been associated with at least three of the following 6 symptoms?

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or restless unsatisfying sleep)

If your answers to 11, 12 and 13 were yes, stop. It's likely that you are dealing with generalized anxiety disorder. If you answered Yes to 11 but No to 12 or 13, you're dealing with an anxiety condition that is not severe enough to qualify as generalized anxiety disorder.

14. Do you have recurring intrusive thoughts such as hurting or harming a close relative, being contaminated with dirt or toxic substance, fearing you forgot to lock your door or turn of an appliance, or an unpleasant fantasy of a catastrophe? (you recognise that these thoughts are irrational but you can't keep them from coming into your mind)

Yes ____ No ____

15. Do you perform ritualistic actions such as washing your hands, checking, or counting to relieve anxiety over irrational fears that enter your mind?

Yes ____ No ____

If you answered Yes to 14 but No to 15, you are probably dealing with an obsessive compulsive disorder, but have obsessions only.

If you answered Yes to 14 and 15, you are probably dealing with obsessive compulsive disorder, with both obsessions and compulsions.

If you answered No to 14 and 15 and most or all preceding questions, but still have anxiety or anxiety related symptoms, you may be dealing with post-traumatic stress disorder or a nonspecific anxiety condition. Use the section in this chapter on post-traumatic stress disorder to determine whether your symptoms fit this category.