

# Adult Anxiety Quiz

## Quiz: Which Types of Anxiety Do You Suffer From?

Circle the number next to any of the questions to which you answer yes.

1. Do you feel panicky when separated from your home or the people who are important to you?
2. Do you feel moments of sudden fear when in a car, flying in an airplane, going through tunnels, over bridges, or being in enclosed spaces?
3. Do you spend a lot of time thinking about what you are going to say or how you are going to act in social situations?
4. Do you have sudden strange or detached feelings where things do not seem real?
5. Do you feel anxious, worried, or nervous in crowds, in public places, or while using public transportation or when traveling far away from home?
6. Do you have repeated thoughts of bad things happening such as family tragedy, getting sick, or accidents?
7. Do you check things over and over to make sure something bad does not happen?
8. Do you think something terrible might happen to people who are important to you when you're away from them?
9. Do you feel panicky around certain animals or insects?
10. Do you have difficulty speaking up in a meeting or class?
11. Do you have thoughts of losing control, dying, going crazy, or other bad things happening because of a panic attack?
12. Do you have thoughts about panic attacks, uncomfortable physical sensations, getting lost, or being overcome by fear when you're around a lot of people, traveling alone, or away from home?
13. Do you worry about poor performance and/or people being disappointed with you?
14. Do you worry about contamination from dirt, germs, or things that might be toxic or poisonous?
15. Do you avoid going places or spending time away from your home or the people who are important to you?
16. Do you feel frightened by heights, storms, or water?
17. Do you panic at the prospect of giving a report or presentation to a group?
18. Do you sometimes experience, suddenly and for no apparent reason, a racing heart, sweating, trouble breathing, faintness or shakiness?
19. Do you remain close to exits in situations like classrooms and movie theatres or when using public transportation?
20. Do you feel tense and restless much of the time, or have trouble relaxing or going to sleep?
21. Do you have a strong need for things to be even, symmetrical or "just right"?
22. Do you call or text people who are important to you to check to see that they are okay?
23. Do you feel panicky or faint at the sight of blood or needles?
24. Do you feel extremely uncomfortable starting or joining in a conversation?

25. Do you leave situations early because of panic attacks?
26. Do you avoid situations where you might feel trapped, like being a passenger in a car or stuck in a line?
27. Do you have difficulty concentrating due to worry and anxiety?
28. Do you feel troubled by forbidden sexual or religious thoughts?
29. Do you spend a lot of time worrying or thinking about being away from people you are close to?
30. Do you frequently worry about choking or vomiting?
31. Do you avoid calling or texting someone that you don't know very well?
32. Do you feel worried or nervous about having more panic attacks?
33. Do you worry you might have diarrhea or vomiting, and you won't be able to get to a bathroom in time?
34. Do you have frequent stomachaches and/or headaches?
35. Do you need to repeat a word or action until it feels just right?
36. Do you have thoughts about causing harm to yourself or someone else that make you feel anxious?

**Scoring Sheet** Check off each number you circled from above. The more you have checked off under each type of anxiety, the more likely you are to suffer from that type.

**Separation Anxiety**

- 1
- 8
- 15
- 22
- 29

**Panic**

- 4
- 11
- 18
- 25
- 32

**Generalized Anxiety**

- 6
- 13
- 20
- 27
- 34

**Specific Phobias**

- 9
- 16
- 23
- 26
- 30

**Agoraphobia**

- 2
- 5
- 12
- 19
- 26
- 33

**OCD**

- 7
- 14
- 21
- 28
- 35
- 36

**Social Anxiety**

- 3
- 10
- 17
- 24
- 31