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Anxiety Self-assessment Questionnaire

This form is not a diagnostic instrument and is only to be used within the context of your medical treatment and by you if you are more than 18 years old. Share your checklist responses and assessment with your physician or other health care provider. If you are having thoughts of self-harming or are feeling suicidal contact a friend, family or your GP immediately. If you have already taken an overdose or injured yourself badly, **dial 000**.

The questions below are based on how you have been feeling during the last six weeks.

Questions: Tick the most appropriate boxes relating to your state.		Never (0 points)	A little (1 point)	Moderately (2 points)	A lot (3 points)	Extremely (4 points)
1	Do you experience nervousness?					
2	Do you get nausea, stomach pain or discomfort?					
3	Do you feel scared suddenly and without any reason					
4	Do you get palpitations or feeling like your heart is beating faster?					
5	Do you have difficulty falling asleep?					
6	Do you have difficulty relaxing?					
7	Do you have a tendency to be easily irritated or angered?					
8	Are you unable to free yourself of obsessive thoughts?					
9	Do you have a tendency to wake up during the night and not be able to get back to sleep?					
10	Do you have feelings of hopelessness?					
11	Do you find it hard to cope in stressful situations?					

Scoring: if you obtained a **score of 1-20**, your anxiety levels are likely to be situational.

If you obtained a **score of 21-30**, your anxiety levels are significant and you should consider strategies to reduce you anxiety levels such as practicing relaxation, exercising, speaking to someone about you concerns.

If you obtained a **score above 31**, you should consult a professional healthcare provider – e.g. a psychologist who can offer you support.