PRIVATE AND CONFIDENTIAL

Anxiety Questionnaire

Please answer the questions below and return this form to your therapist:

Client's name:
How long have you suffered from anxiety?
What was happening in your life in the 3 months prior to its onset?
If this was something specific, had you experienced a similar situation before that?
Have you experienced any major life changes in the last 2 years?
How do you usually cope with anxiety?
Are you currently taking medication for anxiety?
If so, how long have you been taking this?
Does it help?
Does your anxiety interfere with your participation in everyday activities?
If so, please tick which of the following:
◻ Work ◻ Family ◻ Social ◻ Leisure
Do specific situations trigger off your state of anxiety?
If so, please specify:
How long does a typical anxiety attack last?
How often do you experience symptoms of anxiety? (i.e. daily, weekly, occasionally, etc.)

When did you last experience anxiety?

What do you think caused this?

How did you cope with it?

Does anxiety affect you more in company or alone?

Please tick any of the symptoms that you experience below:

- ◻ Palpitations
- ◻ Dizziness
- ◻ Sense Distortion
- ◻ Irrationality
- ◻ Low Libido
- ◻ Others (Please Specify)
- ◻ Sweating
- ◻ Feeling faint
- ◻ Fear
- ◻ Lethargy
- ◻ Nervousness
- ◻ Headaches/Migraine
- ◻ Nausea
- ◻ Excessive Worrying
- ◻ Anger
- ◻ Low Confidence
- ◻ Bodily Pain
- ◻ Shaking
- ◻ Spaced Out
- ◻ Inability to Cope
- ◻ Social Withdrawal

Do you have suicidal thoughts?

If so, have you ever attempted to act on these?

Do you have a caring support structure?

Who would you normally turn to for help with your anxiety?

Have you ever sought help from?

- ◻ Psychologist
- ◻ Community Nurse
- ◻ Psychiatrist
- ◻ Alternative/Complementary Therapist?
- ◻ General Practitioner
- ◻ Other

Have you previously discussed your present anxiety state with a medical adviser?

If so, are you receiving treatment (other than medication) for this?

Do you tend to bottle up your problems?

Do you often worry about things that others consider unreasonable?

Apart from the anxiety, do you have any specific health problems?

Are you concerned about the health or well-being of a family member or close friend?

Are you solely responsible for the care of an elderly relative, disabled family member or child?

Have other members of your close family suffered from anxiety?

If so, who and how does this affect them?

Please rate the quality of your relationship with others (see below):

	Fair	Moderate	Good
Mother			
Father			
Partner			
Other Relatives			
Children			
Work Colleagues			
Superiors			
Children			
Neighbours			
Friends			
Do you have financial worries?			

Is your life generally well-organized?

Are there any situations which you have been/are currently avoiding tackling?

Do you have any specific needs that are not being met?

Do you feel under pressure? If so, please elaborate:

On a scale of 1 to 10, (ten being the highest) how happy are you with your life at present?
What specific things do you think would need to happen for you to feel better?
Out of this list, which do you feel that you have control over?
What, if anything, do you feel you would need to do in order to effect this change?
Please list any obstacles that you believe are preventing you from effecting this change:
If anxiety was not a problem for you, what would you like to see yourself doing in one year's time?
In five years' time?
In ten years' time?