

## Anxiety Audit

	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Always (4)
How often do you feel overwhelmed and/or out of control?					
How often do you struggle to relax or calm down?					
How often do you have difficulty sleeping?					
How often do you feel irritable or annoyed?					
How often do you experience shaking or trembling?					
How often do you avoid situations due to fear?					
How often do you worry about the future or if bad things will happen (for example you or a loved one getting sick)?					
How often do you feel physical issues like abdominal pain, nausea, headaches or racing heart?					
How often do you feel uncomfortable in social situations or when you interact with strange people?					
Do you feel anxious or panicky before social situation?					
Do you avoid social situations because of excessive worry or fear?					
Are your work life, home life, social life, and/or relationships affected by your anxiety?					

**Scoring:**

0-10 pts      Low anxiety  
 11-25 pts    Moderate anxiety  
 26+ pts      High anxiety