

N·P·S

NEALPSYCHOLOGICALSPECIALTIES, LTD

AMEN CHECKLIST ANXIETY SCREENING

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover or parent) fill out a separate form. Make sure they indicate their relationship to you on the form.

- 0 - NEVER
- 1 - RARELY
- 2 - OCCASIONALLY
- 3 - FREQUENTLY
- 4 - VERY FREQUENTLY (AS IN MOST OF THE TIME)

1. _____ FREQUENT FEELINGS OF NERVOUSNESS OR ANXIETY
2. _____ PANIC ATTACKS
3. _____ AVOIDANCE OF PLACES BECAUSE OF FEAR OF HAVING AN ANXIETY ATTACK
4. _____ SYMPTOMS OF HEIGHTENED MUSCLE TENSION (HEADACHES, SORE MUSCLES, HAND TREMOR).
5. _____ PERIODS OF HEART POUNDING, NAUSEA OR DIZZINESS
6. _____ TENDENCY TO PREDICT THE WORST
7. _____ MULTIPLE PERSISTENT FEARS OR PHOBIAS (SUCH AS DYING, DOING SOMETHING CRAZY)
8. _____ CONFLICT AVOIDANCE
9. _____ EXCESSIVE FEAR OF BEING JUDGED OR SCRUTINIZED BY OTHERS
10. _____ QUICK STARTLE OR TENDENCY TO FREEZE IN ANXIETY PROVOKING OR INTENSE SITUATION
11. _____ SEEMS SHY, TIMID, AND EASILY EMBARRRESSED
12. _____ BITES FINGERNAILS OR PICKS SKIN

IF YOU HAVE A SCORE OF 3 (OFTEN) OR 4 (VERY FREQUENTLY) ON 6 OR MORE OF THE ABOVE STATEMENTS, YOU MAY WANT TO CONSULT YOUR PHYSICIAN.

Please note: This symptom checklist does not replace a visit with a qualified medical professional. If you have any questions about his checklist or your answers, please call NPS at 815-477-4727.

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