Glenn E. Cahn, PhD PLLC 3205 Randall Parkway, #117 Wilmington, NC 28403 910 332 4134 www.ILMpsychtesting.com

Anxiety & Depression Questionnaire

NAME: _____ Date:_____

Please rate yourself ('Self) (or list yourself as 'Other' if you are evaluating someone such as your child or spouse,) on each of the symptoms listed below, using the following scale.

0	1	2	3	4	NA	
Never	Rarely	Occasionally	Frequently	Very Frequently	NA (not applicable	
Self	Other (other is:)	or not known	
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 (e.g. headaches, sore muscles, hand tremors).				
5)		Periods of heart pounding, nausea, or dizziness (not exercise related)				
6)		Tendency to predict the worse.				
7)		Multiple, persistent fears or phobias (such as dying, doing something crazy)				
8)		Excessive, senseless worrying				
9)		Excessive fear or being judged or scrutinized by others.				
10)		Easily startle	Easily startled or tendency to freeze in anxiety provoking or intense situations.			
11)		Seemingly s	Seemingly shy, timid, and easily embarrassed.			
12)		Bites finger	Bites fingernails, or picks skin.			
13)		Persistent sa	ad or empty mo	ood.		
14)		Loss of inte	Loss of interest in or pleasure from activities that are usually fun.			
15)		Restlessnes	Restlessness, irritability, or excessive crying			
16)		Feelings of	_ Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism			
17)		Sleeping too much or too little, early morning awakening				
18)		Appetite ch	ange, (notable v	weight loss/gain in r	ecent months, overeating more than usual)	
19)		Decreased energy, fatigue, feeling slowed down				
20)		_ Thoughts of death or suicide, talk of not wanting to live, suicide attempts				
21)		Persistent negativity or chronic low self-esteem				
22)		Persistent p	hysical sympto	ms that don't respon	d to treatment (e.g. headache, stomach ache)	