

# Online Screening for Anxiety

1. Do you feel that you worry excessively about many things?  
YES      NO
2. Do you experience sensations of shortness of breath, palpitations or shaking while at rest?  
YES      NO
3. Do you have a fear of losing control of yourself or of "going crazy"?  
YES      NO
4. Do you avoid social situations because of feelings of fear?  
YES      NO
5. Do you have specific fears of certain objects—for example, animals or knives?  
YES      NO
6. Do you feel afraid that you will be in a place or a situation from which you feel that you will not be able to escape?  
YES      NO
7. Does the idea of leaving home frighten you?  
YES      NO
8. Do you have recurrent thoughts or images in your head that refuse to go away?  
YES      NO
9. Do you feel compelled to perform certain behaviors repeatedly—for example, checking that you locked the doors or turned off the gas?  
YES      NO
10. Do you persistently relive an upsetting event from the past?  
YES      NO

## Disclaimer

OSA is a preliminary screening test for anxiety symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate anxiety symptoms that indicate the need for an evaluation by a psychiatrist.