

Self assessment- Anxiety

Understanding Yourself Better:

Given below are a few questions that you can try for yourself. Please mark them as YES or NO.

- A. Do I find myself excessively anxious or worried ?
- B. Do I find it difficult to control my worries?
- C. If you have been feeling atleast 3 of the below for long period of time (6 months), it is considered significant.
 - 1. Have I been feeling restless or keyed up or on the edge?
 - 2. Do I feel easily tired ?
 - 3. Do I find it very difficult to concentrate or I find my mind going blank suddenly?
 - 4. Am I irritable most of the time?
 - 5. Do I feel my muscles tensing up frequently?
 - 6. Do I find it difficult to fall asleep or stay asleep through the night. Do I find myself having a restless or a dissatisfying sleep?

If you answer is yes to most of the given questions then you may be suffering from generalised anxiety and you must consult a professional about this.

Given below are a few common physical symptoms that are known to be associated with anxiety. Take a look and mark if you experience them, discuss them with the professionals.

Physical Symptoms of Generalised Anxiety

Palpitations

Sweating

Pounding heart

Trembling or shaking

Feeling of choking

Feeling of shortness of breath

Chest pain

*Note the above checklist is prepared directly for the DSM-IV TR criteria for generalised anxiety.

- Note the above checklist is made for only adults.

Self assessment OCD

Are you Obsessive/ Compulsive:

Given below are a few questions that you can try for yourself. Please mark them as YES or NO.

- Obsession :
 1. Have you been experiencing recurrent and persistent thoughts, impulses, or images causing disturbance, which makes you feel anxious and distressed.
 2. Have you been trying to ignore or suppress thoughts, impulses, or images, or try to neutralise them with some other thoughts?
 3. Have you been feeling that the obsessive thoughts, impulses or images are just a product of your mind?
- Compulsions:
 1. Have you been feeling an uncontrollably urge to do any of the following repeatedly .
 - Washing hands repeatedly
 - Checking and re-checking
 - Organisation of things
 - Praying off and on
 - Repeatedly counting
 - Repeating words silently
 - Do you have to do any of these because of certain rules that you apply rigidly for yourself?
 2. Do you have to perform any of these acts to prevent some undesirable occurring or to reduce your own distress? Although the act does not seem connected to the original thought.
- Do you feel that your obsessions or compulsions are excessive or unreasonable?
- Have these experiences affected your personal routine or occupational activities?

*Note the above checklist is prepared directly for the DSM-IV TR criteria for obsessive-compulsive Disorder.

* Note the above checklist is made for only adults.