

Center for Cognitive Therapy
(860) 677-2991

Section 1:

- A. During the past month, on more than one occasion did you experience a sudden, unexplained attack of intense fear, anxiety, or panic accompanied by physical symptoms such as shortness of breath, heart palpitations, feelings of choking, dizziness, loss of control, etc., for no apparent reason?

Yes _____ No _____ *(If answer is NO proceed to section 2)*

1. Were you afraid you might have more of these attacks?

Yes _____ No _____

2. Were you worried that these attacks could mean you were losing control, having a heart attack, or "going crazy"?

Yes _____ No _____

3. Did these attacks cause changes or avoidance patterns in your behavior?

Yes _____ No _____

Section 2:

- A. During the last 6 months, have you been persistently worrying or anxious about several different things (for example, finances, health, work, family, etc) most of the time and more so than other people would worry?

Yes _____ No _____ *(If answer is NO proceed to section 3)*

1. Did you find it difficult to control your worrying or did it interfere with your ability to function?

Yes _____ No _____

2. Did your persistent worrying or anxiety cause physical symptoms such as feeling keyed up, restlessness, muscle tension, poor concentration, etc. (for more days than not during the past six months)?

Yes _____ No _____

Section 3:

- A. During the past month, have you been bothered by persistent, senseless thoughts, impulses, or images you could not get out of your head, such as thoughts of death, illness, aggression, sexual urges, contamination, or other senseless thoughts? Were these thoughts intrusive, inappropriate, and did they cause anxiety or distress?

Yes _____ No _____ *(If answer is NO proceed to section 4)*

1. Were these persistent, senseless thoughts, impulses or images time consuming and did they cause significant distress and interference in your normal activities and relationships (at least one hour per day)?

Yes _____ No _____

2. In the past month, did you do something repeatedly even though you didn't wish to do it, like washing excessively, counting, checking, collecting things, arranging things, or a superstitious ritual?

Yes _____ No _____ (If answer is NO proceed to section 4)

3. Were the repetitive behaviors time consuming and did they cause you distress and interfere with your normal activities (at least one hour per day)?

Yes _____ No _____

Section 4:

- A. In the past month, did you have an intense fear of embarrassment or being scrutinized by other people in social or performance situations such as, eating in front of people, public speaking, dating, attending parties or social gatherings, etc.?

Yes _____ No _____ (If answer is NO proceed to section 5)

1. In the past month, did you avoid or feel extremely anxious or distressed in the feared social situations or performance situations?

Yes _____ No _____

2. In the past month, did your intense fear of embarrassment or being scrutinized by other people in social or performance situations cause impairment in daily functioning?

Yes _____ No _____

Section 5:

- A. Have you ever had a very frightening, traumatic, or highly distressing experience like being the victim of a violent crime, seriously injured in an accident, sexually assaulted, seeing someone seriously injured or killed, or being the victim of a natural disaster and responded in fear, terror, or helplessness?

Yes _____ No _____ (If answer is NO, go to the next questionnaire)

1. Did you have problems sleeping, concentrating or have a short temper as a result of the traumatic experience?

Yes _____ No _____

2. Did you relive the traumatic experience through recurrent dreams, preoccupations, or flashbacks, or in other distressing ways?

Yes _____ No _____

3. Did you avoid any place or anything that reminded you of the original distressing event?

Yes _____ No _____

4. Did you seem less interested in important things, not "with it," or unable to experience or express emotion?

Yes _____ No _____

5. Did you have the above problems for more than one month?

Yes _____ No _____