

## SELF-TEST SOCIAL ANXIETY DISORDER (Social Phobia)

If you suspect that you might suffer from social anxiety disorder, print and complete the following self-test, and share the results with a health care professional.

### Do I have social anxiety disorder?

Are you troubled by the following symptoms?

- Yes  No  An intense and persistent fear of a social situation in which people might judge you
- Yes  No  Fear that you will be humiliated by your actions
- Yes  No  Fear that people will notice that you are blushing, sweating, trembling, or showing other signs of anxiety
- Yes  No  Knowing that your fear is excessive or unreasonable

### Does a feared situation cause you any of the following?

- Yes  No  Always feel anxious
- Yes  No  To experience a panic attack, during which you suddenly are overcome by intense fear or discomfort, including any of these symptoms:
- Yes  No  Pounding heart
- Yes  No  Sweating
- Yes  No  Trembling or shaking
- Yes  No  Shortness of breath
- Yes  No  Choking
- Yes  No  Chest pain
- Yes  No  Nausea or abdominal discomfort
- Yes  No  "Jelly" legs
- Yes  No  Dizziness
- Yes  No  Feelings of unreality or being detached from yourself
- Yes  No  Fear of losing control, "going crazy"
- Yes  No  Fear of dying
- Yes  No  Numbness or tingling sensations
- Yes  No  Chills or hot flashes

**Yes**  **No**  Do you go to great lengths to avoid participating in the feared situation?

**Yes**  **No**  Does all of this interfere with your daily life?

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Illnesses that sometimes complicate anxiety disorders include depression and substance abuse. With this in mind, please take a minute to answer these questions:

**Yes**  **No**  Have you experienced changes in sleeping or eating habits?

More days than not, do you feel any of the following?

**Yes**  **No**  Sad or depressed

**Yes**  **No**  Disinterested in life

**Yes**  **No**  Worthless or guilty

During the last year, has the use of alcohol or drugs...

**Yes**  **No**  resulted in your failure to fulfill responsibilities with work, school, or family?

**Yes**  **No**  placed you in a dangerous situation, such as driving a car under the influence?

**Yes**  **No**  gotten you arrested?

**Yes**  **No**  continued despite causing problems for you or your loved ones?

**Reference:**

*Diagnostic and Statistical Manual of Mental Disorders (DSM IV)*. Washington, DC, American Psychiatric Association, 1994.