

**Social Anxiety Screening Tool**

This is a screening measure to help you determine whether you might have social anxiety that needs professional attention. This screening tool is not designed to make a diagnosis of social anxiety but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

**Directions:**

1. Print out the form
2. Complete the provided form
3. Share them with your health care provider to determine a diagnosis

**Are you troubled by the following?**

|  |  |
| --- | --- |
| **☐ Yes ☐ No** | An intense and persistent fear of a social situation in which people might judge you such as: |
| **☐ Yes ☐ No** | Social interactions (e.g., having a conversation, meeting unfamiliar people) |
| **☐ Yes ☐ No** | Being observed (e.g., eating or drinking in public) |
| **☐ Yes ☐ No** | Performing in front of others (e.g., giving a speech) |
| **☐ Yes ☐ No** | Fear that you will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others) |
| **☐ Yes ☐ No** | Fear that people will notice that you are blushing, sweating, trembling, or showing other signs of anxiety |
| **☐ Yes ☐ No** | Perceiving that your reaction to feared situations to be greater than most other people |

**Does a feared situation cause you to...**

|  |  |
| --- | --- |
| **☐ Yes ☐ No** | always feel anxious? |
| **☐ Yes ☐ No** | 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** | Choking |
| **☐ Yes ☐ No** | Chest pain |
| **☐ Yes ☐ No** | Trembling or shaking |
| **☐ 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 or “going crazy” |
| **☐ Yes ☐ No** | Fear of dying |
| **☐ Yes ☐ No** | Numbness or tingling sensations |
| **☐ Yes ☐ No** | Chills or hot flushes |
| **☐ Yes ☐ No** | go to great lengths to avoid participating? |
| **☐ Yes ☐ No** | have your symptoms 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. Depression and substance abuse are among the conditions that occasionally complicate social anxiety disorder.** | |
| **☐ Yes ☐ No** | Have you experienced changes in sleeping or eating habits? |
| **More days than not, do you feel…** | |
| **☐ 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, Fourth Edition. Washington, DC, American Psychiatric Association, 1994. | |
| **During the last year, has the use of alcohol or drugs...** | |
|  | |

**During the past six months, have you often been bothered by any of the following symptoms? Check one square next to each symptom that you have had more days than not:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all |  | A little |  | Moderately |  | Quite a bit |  | Extremely |
| a. restlessness or feeling keyed up or on edge | 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| b. Irritability | 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| c. difficulty falling/staying asleep or restless/unsatisfying sleep | 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| d. being easily fatigued | 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| e. difficulty concentrating or mind going blank | 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| f. muscle tension | 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |

**How much do worry and physical symptoms interfere with your life, work, social activities, family, etc.?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| None |  | Mild |  | Moderate |  | Severe |  | Very Severe |

**How much are you bothered by worry and physical symptoms (how much distress does it cause you)?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🄋 | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ | ➆ | ➇ |
| None |  | Mild |  | Moderate |  | Severe |  | Very Severe |

Source: Newman, M. G., Zuellig, A. R., Kachin, K. E., Constantino, M. J., Przeworski, A., Erickson, T., & Cashman-McGrath, L. (2002). Preliminary reliability and validity of the Generalized Anxiety Disorder Questionnaire-IV: A revised self-report diagnostic measure of generalized anxiety disorder. *Behavior Therapy, 33*, 215-233. doi:10.1016/S0005-7894(02)80026-0