

LIFE WAY

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Anxiety Checklist

- _____ 1. I often feel tired even though I have had a good night's sleep.
- _____ 2. Sometimes my heart seems to race out of control even though my doctor says I don't have a heart problem.
- _____ 3. I often have insomnia.
- _____ 4. I worry a lot and have many fears.
- _____ 5. Indigestion, diarrhea, or headaches keep me from functioning at my best.
- _____ 6. I can face some situations in my life without hyperventilating or "going to pieces" only with the help of a tranquilizer, food or people.
- _____ 7. I have one or more relationships that cause me to feel nervous at times.
- _____ 8. I frequently work later than my coworkers and often bring work home.
- _____ 9. I have at least one bad habit that I have not been able to break.
- _____ 10. Secretly, I just don't believe I measure up to other people I see.

If a majority of the statements are true, you could be suffering from anxiety.

Anxiety

About eight percent of the population experiences feelings of anxiety with unrealistic worry, muscle tension, restlessness and fatigue. Other symptoms are shortness of breath, rapid heart rate, dry mouth, nausea, diarrhea, clammy hands, and difficulty with concentration and sleep.