Anxiety Symptoms and Life Impact Checklist

A clinical conversation guide for adults and helping professionals

Purpose: This checklist helps organize a conversation about anxiety, avoidance, physical arousal, and effects on everyday functioning. It is not a validated diagnostic instrument and does not establish an anxiety disorder diagnosis.

Instructions

Complete the checklist based on the past month. Rate the frequency of each experience, considering both visible behavior and the effort required to manage anxiety.

0	1	2	3	4
Never	Rarely	Sometimes	Often	Almost always

#	Statement	0	1	2	3	4
1	I have felt nervous, tense, keyed up, or unable to relax.	○	○	○	○	○
2	Worry has been difficult to control, even when I recognize that it may be excessive.	○	○	○	○	○
3	My mind repeatedly moves toward possible threats, mistakes, rejection, illness, or other negative outcomes.	○	○	○	○	○
4	I have experienced physical anxiety such as a racing heart, shortness of breath, trembling, sweating, nausea, dizziness, or muscle tension.	○	○	○	○	○
5	I have had sudden surges of intense fear or discomfort that felt difficult to manage.	○	○	○	○	○
6	I have been unusually irritable, restless, easily startled, or watchful for danger.	○	○	○	○	○
7	Anxiety has interfered with concentration, sleep, decision-making, or completing tasks.	○	○	○	○	○
8	I avoid situations, people, places, activities, sensations, or conversations because of anxiety.	○	○	○	○	○
9	I rely on reassurance, checking, preparation, escape plans, or another person in order to feel safe enough to proceed.	○	○	○	○	○
10	Anxiety has limited my work, education, relationships, travel, health care, recreation, or independence.	○	○	○	○	○
11	I have used alcohol, medication, substances, food, screens, or other behaviors to reduce or escape anxiety.	○	○	○	○	○
12	My efforts to prevent anxiety have made my life smaller or strengthened the fear over time.	○	○	○	○	○
13	Anxiety has contributed to unsafe driving, fainting, severe sleep loss, inability to meet basic needs, or thoughts of self-harm.	○	○	○	○	○
14	A medical condition, medication, substance, trauma, or major stressor may be contributing to these symptoms.	○	○	○	○	○
15	Someone close to me or a health professional has expressed concern about my anxiety or avoidance.	○	○	○	○	○
16	I am willing to discuss one specific experiment, support, or next step with a qualified professional.	○	○	○	○	○

Clinical Review

Use the responses to locate patterns, functional effects, and the next clinically appropriate conversation.

1. Review by domain

Domain	Items	Clinical focus
Anxiety experience	Items 1-6	Look for persistent tension, difficult-to-control worry, threat anticipation, physical arousal, panic-like episodes, irritability, and hypervigilance.
Avoidance and life impact	Items 7-12	Look for disruption of sleep or attention, avoidance, reassurance or safety behaviors, restricted functioning, avoidant coping, and a progressively smaller life.
Safety and next steps	Items 13-16	Address urgent impairment or self-harm risk first; then consider contributing conditions, outside concern, and readiness for change.

2. Interpretation

This checklist intentionally has no diagnostic cutoff. A total score can obscure the most important information. Review which individual items were marked Often or Almost always, what situations trigger the pattern, and whether anxiety, avoidance, or safety behaviors are interfering with functioning or warrant formal medical or psychological assessment.

> Clinical caution: Chest pain, severe shortness of breath, fainting, new neurological symptoms, intoxication or withdrawal, inability to care for basic needs, or thoughts of self-harm require direct assessment. New or unexplained physical symptoms may require prompt medical evaluation.

3. Discussion prompts

- Which experience concerns you most, and what tends to trigger it?
- What does anxiety predict will happen?
- What do you avoid or do to feel safe in the short term?
- How have those strategies affected anxiety over time?
- When are you able to proceed despite anxiety?
- What is one observable next step toward greater safety, flexibility, or participation?

4. Notes and next step

Primary concern:

Most important trigger or avoided situation:

Immediate safety or medical consideration:

Agreed next step:

Follow-up date: