

## Appendix 3 A list of questions to aid in eliciting specific anxiety symptoms

### Physical symptoms

- do you ever feel tense or on edge?
- do you have difficulty falling asleep or staying asleep?
- have you ever noticed that your muscles are tight - is there some tenderness for example if you press your neck or shoulder muscles with your fingers?
- do you get butterflies in your stomach?

### Social factors

- are there currently things in your life that are causing you worry or distress?
- do you have access to social support?
- are there any things that have happened to you in the past that you can't stop thinking about?
- how is your general health?
- has any one else in your family had problems similar to yours?

### General worry/ anxiety

- would you describe yourself as a worrier?
- do you ever find that concerns play over and over in your mind?
- are you the kind of person who sometimes "makes mountains out of molehills"?
- do you ever find it hard to make decisions or make your mind up about a problem that has been bothering you?
- do you sometimes find that you can't get to sleep because some thought or concern, even if not very important, keeps going around and around in your mind?

### Panic

- have you ever felt your heart pounding, blood rush to your ears, or pains that have made you feel frightened or upset? – What did you think was the cause of these?
- have you ever had a flood of sensations that made you fear that you were having a heart attack, or that some disaster was about to happen to you?

### Phobias and avoidance

- are there any specific things that you are fearful of and would avoid if you could? What happens if you are unexpectedly faced with the feared object/ situation?
- do you have worries or fears that prevent you from doing things that you would like to, or that others seem to be able to do without much difficulty?

- are there things that you are reluctant to do/ places you would rather not go, because you feel uncomfortable?
- have you ever had to leave a situation because you felt uncomfortable, conspicuous or unsafe? What happened?

### Obsessions

- do you ever have unwanted and repetitive thoughts that come in to your head that are intrusive or distressing? Is there anything you do to make these thought go away/ seem less bad?

### Compulsions

- do you ever find yourself having to do things over and over again or for a set number of times or in a certain order to get them just right?
- are there things that you just have to do before you can do other things in your day?
- do you find yourself spending a lot of time doing things like cleaning or checking that everything is safe?
- how long do you spend each day cleaning, checking, counting etc.? What happens if you are interrupted before you have finished this?
- does the (behaviour) seem unreasonable or excessive, but you still feel compelled to do it?

### Trauma

- have you ever seen or had something happen to you that made you feel frightened and helpless?
- do you still have recurrent upsetting memories of this?
- do you see images of what happened?
- do you ever have experiences like you were reliving the event?
- are there things that remind you of the event that are upsetting to you?
- are there situations that you now avoid because they trigger memories of what happened?
- what do you do to try and cope with these feelings? How do you numb or block them out?
- have you noticed that since the event you have lost interest in some things that you used to enjoy?
- how has the trauma changed how you feel about the future?