# Screening Questions for Specific Anxiety and Related Disorders CANMAT-Katzman 2014

## Panic Disorder – MACSCREEN [29,30]

• Do you have sudden episodes/spells/attacks of intense fear or discomfort that are unexpected or out of the blue?

If you answered "YES" then continue

- Have you had more than one of these attacks?
- Does the worst part of these attacks usually peak within several minutes?
- Have you ever had one of these attacks and spent the next month or more living in fear of having another attack or worrying about

the consequences of the attack?

# SAD (Based on Mini-SPIN [28])

- Does fear of embarrassment cause you to avoid doing things or speaking to people?
- Do you avoid activities in which you are the center of attention?
- Is being embarrassed or looking stupid among your worst fears?

### GAD [31]

- During the past 4 weeks, have you been bothered by feeling worried, tense, or anxious most of the time?
- Are you frequently tense, irritable and having trouble sleeping?

OCD - MACSCREEN [29, 30]

#### **Obsessions:**

- Are you bothered by repeated and unwanted thoughts of any of the following types?
- Thoughts of hurting someone else
- Sexual thoughts
- Excessive concern about contamination/germs/disease
- o Preoccupation with doubts ("what if" questions) or an inability to make decisions
- Mental rituals (e.g., counting, praying, repeating)
- Other unwanted intrusive thoughts
- If you answered "YES" to any of the above... Do you have trouble resisting these thoughts, images, or impulses when they come into your mind?

#### **Compulsions:**

- Do you feel driven to perform certain actions or habits over and over again, or in a certain way, or until it feels just right? Such as:
- Washing, cleaning
- Checking (e.g., doors, locks, appliances)
- Ordering/arranging
- Repeating (e.g., counting, touching, praying)
- Hoarding/collecting/saving
- If you answered "YES" to any of the above... Do you have trouble resisting the urge to do these things?

#### PTSD - MACSCREEN [29, 30]

• Have you experienced or seen a life-threatening or traumatic event such as a rape, accident, someone badly hurt or killed, assault,

natural or man-made disaster, war, or torture?

If you answered "YES" then continue

• Do you re-experience the event in disturbing (upsetting) ways such as dreams, intrusive memories, flashbacks, or physical reactions to situations that remind you of the event?