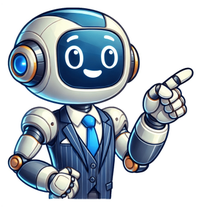
I'm human



La Anxiety Test también está disponible en español. Según Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ), el PHQ, incluyendo el GAD-7, fue desarrollado por los Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke y colaboradores. Para información de investigación, póngase en contacto con el Dr. Spitzer a [email protected]. PRIME-MD® es una marca registrada de Pfizer Inc. Copyright© 1999 Pfizer Inc. Todos los derechos reservados. Reproducido con permiso. Spitzer, Kroenke, et al. (2006). Un breve instrumento para evaluar el trastorno de ansiedad generalizada: el GAD-7. Archives of Internal Medicine 166(10), 1092-1097. Recuperado desde Nota importante: Los herramientas de screening en línea no son instrumentos diagnósticos. Se anima a compartir sus resultados con un médico o proveedor de atención médica. Mental Health America Inc., patrocinadores, socios y anunciantes desechan cualquier responsabilidad, pérdida o riesgo incurrido como consecuencia directa o indirecta del uso y aplicación de estas pantallas. Este cuestionario autoadministrado fácil de usar se utiliza como herramienta de screening y medida de gravedad para el trastorno de ansiedad generalizada (GAD). The Anxiety Symptoms Questionnaire (ASQ) is a self-report tool that measures the frequency and intensity of anxiety symptoms. A study examined its reliability and validity in patients with anxiety disorders, depression, non-clinical control subjects, and college students. The results showed strong internal consistency and test-retest reliability, indicating that the ASQ is a valid and reliable measure of anxiety. The questionnaire distinguished between patients with an anxiety disorder and clinical controls beyond what was expected from a clinician-rated scale. Overall, the ASQ may be a useful tool for screening and assessing anxiety symptoms in various settings. The evolution of anxiety over time can be tracked by measuring its various manifestations across physical, emotional, cognitive, and behavioral domains. Physical symptoms typically stem from autonomic arousal and may include shortness of breath, rapid heartbeat, or stomach upset. Emotional symptoms range from feelings of nervousness to terror and panic, while cognitive symptoms involve worry, apprehension, and negative thoughts about potential threats. Behavioral symptoms aim to reduce perceived threat through avoidance, escape, and safety-seeking behaviors. Despite advances in evidence-based treatments for anxiety disorders over the past two decades, assessing anxiety remains a relatively understudied area of research. The current approach often focuses on specific disorder types rather than adopting a more dimensional understanding of anxiety and other psychiatric conditions. One commonly used measure is the Hamilton Anxiety Scale (HAM-A), which assesses general anxiety symptoms across various conditions. However, this clinician-administered measure requires extensive training and can be time-consuming. The HAM-A has been criticized for its focus on somatic symptoms, limited measurement of central GAD symptoms, and poor sensitivity to symptom change. Additionally, it does not provide guidance on balancing severity/intensity with frequency/duration when rating symptoms, which may impact reliability. The HAM-A also demonstrates only moderate discriminant validity between anxiety and depression symptoms. In contrast, self-report measures like the Beck Anxiety Inventory (BAI) offer an alternative approach to assessing anxiety. The BAI is a commonly used 21-item questionnaire that evaluates various symptoms of anxiety, such as fear, tension, and avoidance behaviors. Research suggests that the Beck Anxiety Inventory (BAI) is not a comprehensive measure of anxiety, but rather focuses on physical symptoms. Studies have found higher BAI scores in individuals with panic disorder compared to those with other anxiety disorders. Additionally, the Generalized Anxiety Disorder 7-item scale (GAD-7) is another brief self-report tool used primarily in primary care settings for screening and assessing generalized anxiety disorder. However, it has limitations as it only measures frequency but not intensity of symptoms. To address these limitations, our research team developed a new measure of anxiety, the Anxiety Symptoms Questionnaire (ASQ). The ASQ is a 17-item self-report assessment that evaluates the severity of anxiety symptoms over the past week on a 0-10 Likert-type scale. It measures frequency and intensity of various anxiety symptoms, including nervousness, worrying, irritability, and more. The ASQ takes approximately 2-3 minutes to complete and is designed as a global measure of anxiety, assessing both physical and psychological symptoms. In this study, we examined the reliability and validity of the ASQ in clinical and college student samples, investigated its ability to detect symptoms of anxiety independent of depression, and explored demographic predictors of ASQ total scores. The Anxiety Symptoms Questionnaire (ASQ) was given to 152 patients with anxiety disorders, excluding those with major depressive disorder and healthy controls. The clinical sample consisted of 240 participants, while the control group had 111 individuals. In contrast, a college sample comprised 487 students from two Boston colleges. Table 1 presents demographic characteristics of these groups. Notably, the ASQ was administered to patients in a clinical setting, while some completed it again after four weeks as part of separate studies on mindfulness-based stress reduction and pharmacological treatments for anxiety disorders. Meanwhile, data from college students were collected during a larger study assessing depression and suicide risk. Demographic characteristics of the analysis population Characteristic Clinical sample—excluding controls (n=240) N % Gender Female 111 46% Male 129 54% Race* White 201 84% Black/African-American 18 8% Asian 8 3% Native American/Alaska Native 1