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An **Anxiety Disorder** is a condition in which a person feels extreme *fear* when faced with certain objects, situations, feelings, or thoughts, and/or extreme *anxiety/worry* about possible encounters with those objects (e.g., heights, crowds), situations (e.g., public speaking), bodily sensations (e.g., racing heart, nausea), thoughts (e.g., recurring bothersome thoughts), or memories (e.g., recurring unexpected memories of past events).

Both the *fear* and the *anxiety/worry* often lead to various physical symptoms and urges to prevent or escape from the objects, situations, bodily sensations, thoughts, or memories. The amount of *fear* and *anxiety/worry* is usually much more than other people seem to experience in the same situation.

Please describe the main objects, situations, bodily sensations, thoughts, or memories that provoke your **fear** or **anxiety/worry**:

1. Over the past month, have you experienced intense and frequent **fear** when you are faced with the object, situation, bodily sensation, thought, or memory listed above? Yes \_\_\_ No \_\_\_

1a. Is this **fear** more than what others seem to feel in the same situation? Yes \_\_\_ No \_\_\_

How intense is the **fear** you *typically* feel when faced with the objects, situations, thoughts, memories, or sensations?

None Mild Moderate Severe Very Severe  
 0-----1-----2-----3-----4-----5-----6-----7-----8

What do you typically do when you are faced with the objects, situations, thoughts, memories, or sensations listed above?

2. Over the past month, have you experienced **anxiety/worry** when thinking about possible meetings with the object, situation, bodily sensation, thought, or memory listed above? Yes \_\_\_ No \_\_\_

2a. Is this **anxiety/worry** more than what others seem to feel in the same situation? Yes \_\_\_ No \_\_\_

How intense is the **anxiety/worry** you *typically* feel when thinking about possibly meeting the objects, situations, thoughts, memories, or sensations?

None Mild Moderate Severe Very Severe  
 0-----1-----2-----3-----4-----5-----6-----7-----8

What do you typically do when thinking about possible meeting with the objects, situations, thoughts, memories, or sensations listed above?

3. During the past month, have you been bothered by any of the following symptoms when experiencing **fear** and/or **anxiety/worry**? Place a check mark next to each symptom you *frequently* have experienced in the past month?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> racing/pounding heart | <input type="checkbox"/> irritability       | <input type="checkbox"/> sweaty/clammy      | <input type="checkbox"/> stomach problems or nausea   |
| <input type="checkbox"/> shortness of breath   | <input type="checkbox"/> sleep problems     | <input type="checkbox"/> hot flashes/chills | <input type="checkbox"/> restlessness/feeling on edge |
| <input type="checkbox"/> trembling/shaking     | <input type="checkbox"/> muscle tension     | <input type="checkbox"/> numbness/tingling  | <input type="checkbox"/> dizziness/lightheadedness    |
| <input type="checkbox"/> fatigue               | <input type="checkbox"/> choking sensations | <input type="checkbox"/> chest tightness    | <input type="checkbox"/> concentration difficulties   |

4a. Over the past month, how much has your **fear** and **anxiety/worry** interfered with your life, work, social activities, family, etc.?

None Mild Moderate Severe Very Severe  
 0-----1-----2-----3-----4-----5-----6-----7-----8

4b. Over the past month, how distressed have you been about your fear and anxiety/worry?

None Mild Moderate Severe Very Severe  
 0-----1-----2-----3-----4-----5-----6-----7-----8