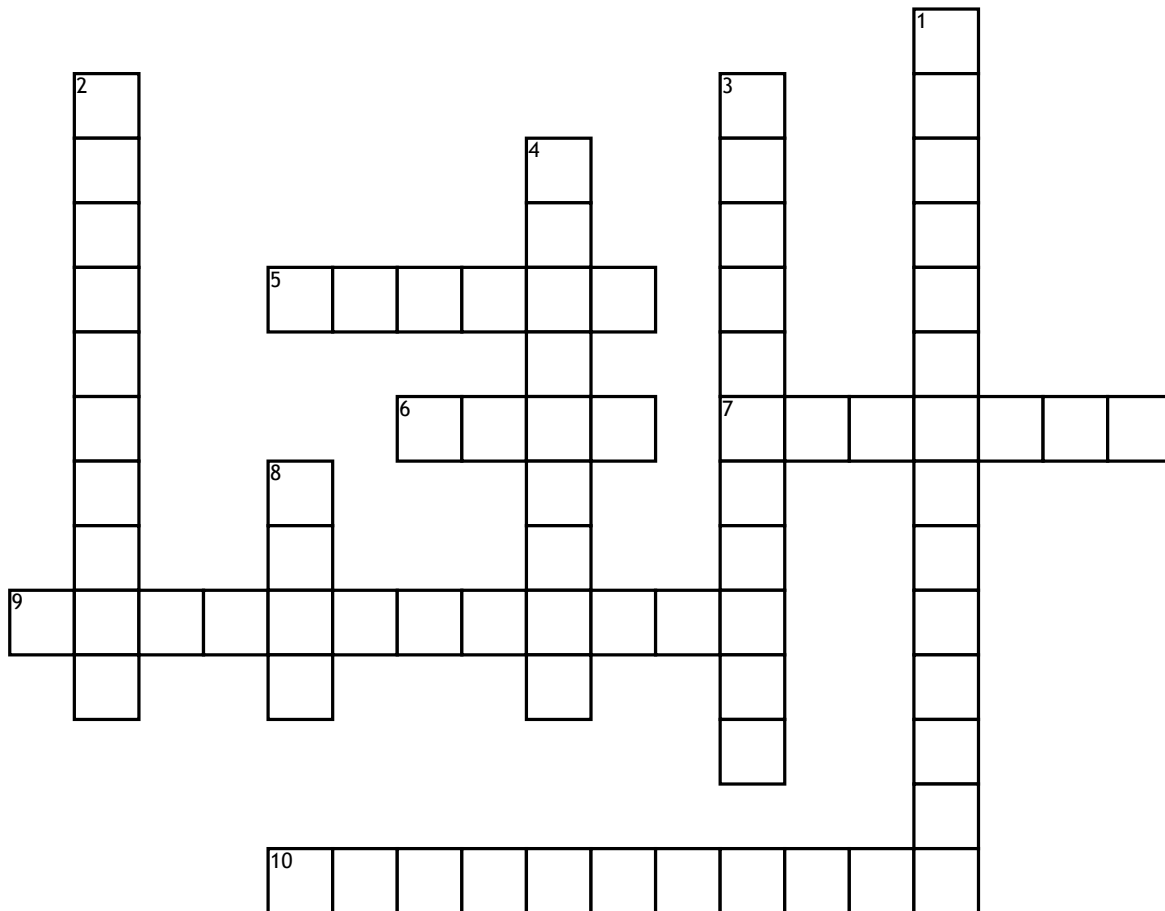


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Anxiety Disorders



## Across

- 5. Mental or emotional strain
- 6. Symptoms include involuntary flashbacks
- 7. Distress or uneasiness of mind caused by fear of danger or misfortune
- 9. Overwhelming anxiety in everyday social situations
- 10. Fear of being in public places

## Down

- 1. Focuses on almost anything
- 2. Repeatedly performing coping behaviors
- 3. A intense attack of anxiety characterized by feelings of doom and physical symptoms
- 4. Uncontrollable pattern of thoughts
- 8. Real and identifiable threats