

# Avoidant Personality Disorder Test

Name:

Date:

1. How often do you feel intense anxiety or fear in social situations, especially when meeting new people?
2. Do you find yourself avoiding social interactions or events due to a fear of being negatively judged or criticized?
3. How comfortable are you with expressing your opinions or ideas in group settings?
4. Have you ever felt inadequate or inferior compared to others in social situations?
5. Do you frequently worry about being rejected or disliked by others?
6. How often do you experience loneliness or a desire for more social connections?
7. Are there specific situations or activities you avoid because of social anxiety?

8. In your daily life, how much do you feel that social anxiety impacts your overall well-being?

9. Do you have difficulty initiating or maintaining close relationships due to fear or anxiety?

10. How often do you feel a strong need for reassurance or approval from others?