

Anxiety Disorders Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. Which of the following is NOT listed as a panic attack symptom?**
 - A. Shortness of breath**
 - B. Palpitations**
 - C. Sweating**
 - D. Depression**

- 2. How many items are on the GAD-7?**
 - A. Five.**
 - B. Seven.**
 - C. Nine.**
 - D. Ten.**

- 3. Panic Disorder is defined by which of the following?**
 - A. Persistent low mood and anhedonia**
 - B. Recurrent, unexpected panic attacks**
 - C. An obsession with contamination**
 - D. Chronic worry across multiple domains**

- 4. In OCD, ritualistic behaviours are often observable in which period?**
 - A. Childhood**
 - B. Adulthood**
 - C. Old age**
 - D. Infancy**

- 5. What is the role of exposure therapy in anxiety treatment?**
 - A. It uses gradual, controlled exposure to feared stimuli to reduce avoidance.**
 - B. It uses flooding to expose to the most fear-provoking stimuli.**
 - C. It utilizes cognitive restructuring without exposure.**
 - D. It is an integral part of cognitive-behavioral therapy that involves exposure to feared stimuli to reduce avoidance.**

- 6. Which description best defines obsessions in OCD?**
- A. Recurrent, intrusive thoughts, images, or urges**
 - B. Persistent, reward-seeking behaviors**
 - C. Sudden, intense episodes of fear with physical symptoms**
 - D. Sporadic worries about daily chores**
- 7. Onset of social phobia typically occurs during which period?**
- A. Early childhood**
 - B. Middle age**
 - C. Late adolescence**
 - D. Old age**
- 8. Name two common assessment tools for social anxiety.**
- A. GAD-7 and PHQ-9**
 - B. LSAS (Liebowitz Social Anxiety Scale) and SPIN (Social Phobia Inventory)**
 - C. BDI and HAM-D**
 - D. MMPI-2 and NEO-PI-R**
- 9. Acting in accordance with values and accepting anxious thoughts are characteristic of ACT. Which option best describes this aspect?**
- A. Accepting anxious thoughts and engaging in valued actions; evidence supports use as adjunct treatment for anxiety.**
 - B. Eliminating anxious thoughts completely through exposure alone.**
 - C. Ignoring values and focusing on symptom suppression.**
 - D. Only used as a stand-alone therapy with no evidence base.**
- 10. Which description best captures the psychological treatments for anxiety disorders as described?**
- A. Exposure, cognitive, emotional management/CBT**
 - B. Pharmacotherapy only**
 - C. Electroconvulsive therapy**
 - D. Biofeedback**

Answers

SAMPLE

1. D
2. B
3. B
4. A
5. B
6. A
7. C
8. B
9. C
10. A

SAMPLE

Explanations

SAMPLE

1. Which of the following is NOT listed as a panic attack symptom?

- A. Shortness of breath**
- B. Palpitations**
- C. Sweating**
- D. Depression**

Panic attacks involve a sudden surge of intense fear with abrupt autonomic arousal. Typical symptoms come from that fight-or-flight response and include shortness of breath, heart palpitations, sweating, trembling, chest discomfort, dizziness, nausea, and a fear of losing control or dying. Depression, on the other hand, is a mood state marked by persistent sadness, loss of interest, fatigue, and other changes that last for weeks or more, not an acute, minutes-long panic spike. So the symptom that does not fit a panic attack is depression, while the other three are common during a panic attack.

2. How many items are on the GAD-7?

- A. Five.**
- B. Seven.**
- C. Nine.**
- D. Ten.**

Seven items. The GAD-7 is a brief self-report screening tool for generalized anxiety disorder that asks about seven common anxiety symptoms experienced over the past two weeks. Each item is scored from 0 to 3 (not at all, several days, more than half the days, nearly every day), and the scores are summed to yield a total from 0 to 21. The name itself—GAD-7—tells you there are seven items, which is why this instrument is so quick to administer in clinical settings while still giving a useful snapshot of symptom burden.

3. Panic Disorder is defined by which of the following?

- A. Persistent low mood and anhedonia**
- B. Recurrent, unexpected panic attacks**
- C. An obsession with contamination**
- D. Chronic worry across multiple domains**

Panic disorder centers on sudden, intense episodes of fear that come on quickly and without a clear trigger—these are panic attacks. The defining feature is that these attacks are recurrent and unexpected, meaning they can occur repeatedly and without warning. During an attack, physical symptoms like a racing heart, sweating, trembling, shortness of breath, chest pain, dizziness, and a fear of losing control or dying often occur. Because the attacks feel out of the blue, many people start worrying about having more attacks and may change their behavior to avoid places or situations they fear could provoke one. This pattern of recurrent, unexpected attacks plus the subsequent worry or avoidance is what distinguishes panic disorder from other anxiety conditions. For context, persistent low mood and anhedonia point to depressive disorders; an obsession with contamination is typical of OCD; and chronic worry across multiple domains describes generalized anxiety disorder.

4. In OCD, ritualistic behaviours are often observable in which period?

- A. Childhood**
- B. Adulthood**
- C. Old age**
- D. Infancy**

Ritualistic behaviors in OCD come from compulsions performed to alleviate distress caused by obsessions. These patterns tend to become noticeable during childhood, when caregivers and teachers first observe repetitive, time-consuming routines such as repeated checking, washing, or strict ordering. While OCD can begin in adolescence or adulthood, childhood is a common period for these rituals to be seen, since early signs are often detected by those who observe the child regularly. Infancy isn't typically when such persistent, goal-directed rituals are recognized, and although OCD can occur later in life, the question's focus is on when they are commonly observable, which is during childhood.

5. What is the role of exposure therapy in anxiety treatment?

- A. It uses gradual, controlled exposure to feared stimuli to reduce avoidance.**
- B. It uses flooding to expose to the most fear-provoking stimuli.**
- C. It utilizes cognitive restructuring without exposure.**
- D. It is an integral part of cognitive-behavioral therapy that involves exposure to feared stimuli to reduce avoidance.**

Exposure therapy helps reduce anxiety by having a person confront feared stimuli in a controlled way, so the fear response gradually diminishes through extinction and habituation. Flooding is a form of exposure therapy where the individual is exposed rapidly and intensively to the most fear-provoking stimuli. By enduring the intense fear in a safe setting, the anxiety response tends to drop as the person learns that the feared outcome is unlikely or manageable. This approach can produce rapid reductions in fear for some people and is a legitimate method within exposure-based treatments, though it isn't suitable for everyone and is typically used with careful assessment and consent. While gradual exposure is also a common and effective strategy, this option highlights the principle that exposure can take the most intense form to disrupt avoidance and promote learning.

6. Which description best defines obsessions in OCD?

- A. Recurrent, intrusive thoughts, images, or urges**
- B. Persistent, reward-seeking behaviors**
- C. Sudden, intense episodes of fear with physical symptoms**
- D. Sporadic worries about daily chores**

Obsessions are persistent, intrusive thoughts, images, or urges that are unwanted and cause significant distress or anxiety. They pop into awareness despite the person trying to ignore or resist them, and they're typically ego-dystonic—the person recognizes them as irrational or not aligned with their values, yet they can't simply dismiss them. Because obsessions create intense discomfort, people with OCD often engage in compulsions (repetitive behaviors or mental acts) to try to neutralize the anxiety or prevent a feared outcome. That description matches the correct choice: recurrent, intrusive thoughts, images, or urges. The other descriptions point to different phenomena—reward-seeking behaviors align more with compulsions or addictive patterns, sudden fear with physical symptoms describes panic, and sporadic worries about daily chores fit more with general anxiety rather than the intrusive, distressing thoughts characteristic of obsessions.

7. Onset of social phobia typically occurs during which period?

- A. Early childhood**
- B. Middle age**
- C. Late adolescence**
- D. Old age**

Social phobia most often begins in the teen years, when social demands and the fear of being judged become more prominent. As kids move into middle and high school, there are more situations that require public speaking, group interaction, and peer evaluation, which can trigger and consolidate anxiety about negative evaluation. While it can start earlier in childhood or later in adulthood, late adolescence is the period with the highest likelihood of first symptoms. Early childhood and old age are less typical times for onset.

8. Name two common assessment tools for social anxiety.

A. GAD-7 and PHQ-9

B. LSAS (Liebowitz Social Anxiety Scale) and SPIN (Social Phobia Inventory)

C. BDI and HAM-D

D. MMPI-2 and NEO-PI-R

Assessing social anxiety relies on tools specifically designed to measure fear and avoidance in social or performance situations. The Liebowitz Social Anxiety Scale (LSAS) is a widely used scale that asks about fear and avoidance across a broad set of social scenarios, producing a severity score that helps guide diagnosis and track change over time. The Social Phobia Inventory (SPIN) is a brief self-report measure that targets the main features of social anxiety—fear in social situations, avoidance, and physiological symptoms—making it practical for quick screening and monitoring. These instruments are commonly used in both clinical practice and research because they focus on the specific symptoms of social anxiety. Other well-known measures target broader constructs. General anxiety or mood screens like the GAD-7 and PHQ-9 assess general anxiety and depression rather than social-specific symptoms. Depression scales such as the BDI or HAM-D, and broad personality inventories like the MMPI-2 and NEO-PI-R, do not focus on social anxiety specifically.

9. Acting in accordance with values and accepting anxious thoughts are characteristic of ACT. Which option best describes this aspect?

A. Accepting anxious thoughts and engaging in valued actions; evidence supports use as adjunct treatment for anxiety.

B. Eliminating anxious thoughts completely through exposure alone.

C. Ignoring values and focusing on symptom suppression.

D. Only used as a stand-alone therapy with no evidence base.

In ACT, the key idea is psychological flexibility: you learn to accept anxious thoughts as they come and still move toward what matters for you. Acting in accordance with your values while allowing anxious thoughts to exist is exactly how ACT works. By accepting thoughts rather than trying to force them away, you reduce avoidance and build commitment to values-based actions, which improves functioning and diminishes distress over time. The evidence supports using ACT as an adjunct treatment for anxiety disorders, meaning it adds value alongside other treatments rather than relying on just suppressing symptoms. The idea of completely eliminating anxious thoughts through exposure alone isn't consistent with ACT, because ACT emphasizes acceptance of thoughts rather than elimination. Ignoring values and focusing on symptom suppression also contradicts ACT, which centers on living in line with personal values. And ACT isn't restricted to stand-alone use with no evidence; there is a substantial evidence base showing its effectiveness, including as an adjunct treatment for anxiety.

10. Which description best captures the psychological treatments for anxiety disorders as described?

- A. Exposure, cognitive, emotional management/ CBT**
- B. Pharmacotherapy only**
- C. Electroconvulsive therapy**
- D. Biofeedback**

Psychological treatment for anxiety disorders is best understood as cognitive-behavioral therapy, which blends exposure, cognitive work, and emotion-regulation skills. Exposure helps reduce fear by gradually and repeatedly facing feared situations or stimuli, so the brain learns that they are not dangerous and anxiety diminishes over time. Cognitive therapy targets the distorted thoughts and interpretations that fuel worry and avoidance, teaching you to reframe situations more realistically. Emotional management skills, such as relaxation, controlled breathing, and coping strategies, equip you to regulate physiological arousal and stay present when anxiety spikes. Put together, these components describe the standard psychological approach used to treat anxiety disorders. Pharmacotherapy and electroconvulsive therapy are medical treatments, and while biofeedback can be helpful as a supplementary tool, it doesn't capture the primary framework described here.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://anxietydisorders.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE