

Self-Assessment - Anxiety

For each item below, please check the column which best describes how often you felt or behaved this way during the past several days:

	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel more nervous and anxious than usual.				
2. I feel afraid for no reason at all.				
3. I get upset easily or feel panicky.				
4. I feel like I'm falling apart and going to pieces.				
5. I feel that everything is all right and nothing bad will happen.				
6. My arms and legs shake and tremble.				
7. I am bothered by headaches neck and back pain.				
8. I feel weak and get tired easily.				
9. I feel calm and can sit still easily.				
10. I can feel my heart beating fast.				
11. I am bothered by dizzy spells.				
12. I have fainting spells or feel like it.				
13. I can breathe in and out easily.				
14. I get numbness and tingling in my fingers and toes.				
15. I am bothered by stomach aches or indigestion.				
16. I have to empty my bladder often.				
17. My hands are usually dry and warm.				
18. My face gets hot and blushes.				
19. I fall asleep easily and get a good night's rest.				
20. I have nightmares.				

Adapted from William W.K. Zung's Anxiety rating scale.

Score*: _____

*A score total of 36 and above suggests the need for further medical assessment for General Anxiety Disorder.
Please contact us for an assessment.

Self-Assessment – Anxiety: ANSWER KEY

For each item below, please check the column which best describes how often you felt or behaved this way during the past several days:

	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel more nervous and anxious than usual.	1	2	3	4
2. I feel afraid for no reason at all.	1	2	3	4
3. I get upset easily or feel panicky.	1	2	3	4
4. I feel like I'm falling apart and going to pieces.	1	2	3	4
5. I feel that everything is all right and nothing bad will happen.	4	3	2	1
6. My arms and legs shake and tremble.	1	2	3	4
7. I am bothered by headaches neck and back pain.	1	2	3	4
8. I feel weak and get tired easily.	1	2	3	4
9. I feel calm and can sit still easily.	4	3	2	1
10. I can feel my heart beating fast.	1	2	3	4
11. I am bothered by dizzy spells.	1	2	3	4
12. I have fainting spells or feel like it.	1	2	3	4
13. I can breathe in and out easily.	4	3	2	1
14. I get numbness and tingling in my fingers and toes.	1	2	3	4
15. I am bothered by stomach aches or indigestion.	1	2	3	4
16. I have to empty my bladder often.	1	2	3	4
17. My hands are usually dry and warm.	4	3	2	1
18. My face gets hot and blushes.	1	2	3	4
19. I fall asleep easily and get a good night's rest.	4	3	2	1
20. I have nightmares.	1	2	3	4

Adapted from William W.K. Zung's Anxiety rating scale.

Score*: _____

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