

How Much Anxiety Do You Experience?

Listed below are 20 statements. Please read each one carefully and decide how much of the statement describes how you have been feeling <i>during the past week</i> .	None or a little of the time	Some of the time	A good part of the time	Most or all of the time
I feel more nervous and anxious than usual.	1	2	3	4
I feel afraid for no reason at all.	1	2	3	4
I get upset easily or feel panicky.	1	2	3	4
I feel like I'm falling apart and going to pieces.	1	2	3	4
I feel that everything is all right and nothing bad will happen.	4	3	2	1
My arms and legs shake and tremble.	1	2	3	4
I am bothered by headaches, neck and back pains.	1	2	3	4
I feel weak and get tired easily.	1	2	3	4
I feel calm and can sit still easily.	4	3	2	1
I can feel my heart beating fast.	1	2	3	4
I am bothered by dizzy spells.	1	2	3	4
I have fainting spells or feel like it.	1	2	3	4
I can breathe in and out easily.	4	3	2	1
I get feelings of numbness and tingling in my fingers, toes.	1	2	3	4
I am bothered by stomach aches or indigestion.	1	2	3	4
I have to empty my bladder often.	1	2	3	4
My hands are usually warm and dry.	4	3	2	1
My face gets hot and blushes.	1	2	3	4
I fall asleep easily and get a good night's rest.	4	3	2	1
I have nightmares.	1	2	3	4

Your Total Score: _____

20-44 Normal Range

45-59 Mild to Moderate Anxiety Levels

60-74 Marked to Severe Anxiety Levels

75-80 Extreme Anxiety Levels

Zung Self-Rated Anxiety Scale (Zung, 1979).