

# Zung Anxiety Self-Rating Scale

Listed below are 20 statements. Please read each one carefully and decide how much the statement describes how you have been feeling **during the past week**.

	A little of the time	Some of the time	A good part of the time	Most of the time
I feel more nervous and anxious than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel afraid for no reason at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get upset easily or feel panicky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I'm falling apart and going to pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that everything is all right and nothing bad will happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My arms and legs shake and tremble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bothered by headaches, neck and back pains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel weak and get tired easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel calm and can sit still easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can feel my heart beating fast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bothered by dizzy spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have fainting spells or feel faint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can breathe in and out easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get feelings of numbness and tingling in my fingers and toes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bothered by stomach aches or indigestion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to empty my bladder often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My hands are usually dry and warm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My face gets hot and blushes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fall asleep easily and get a good night's rest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nightmares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

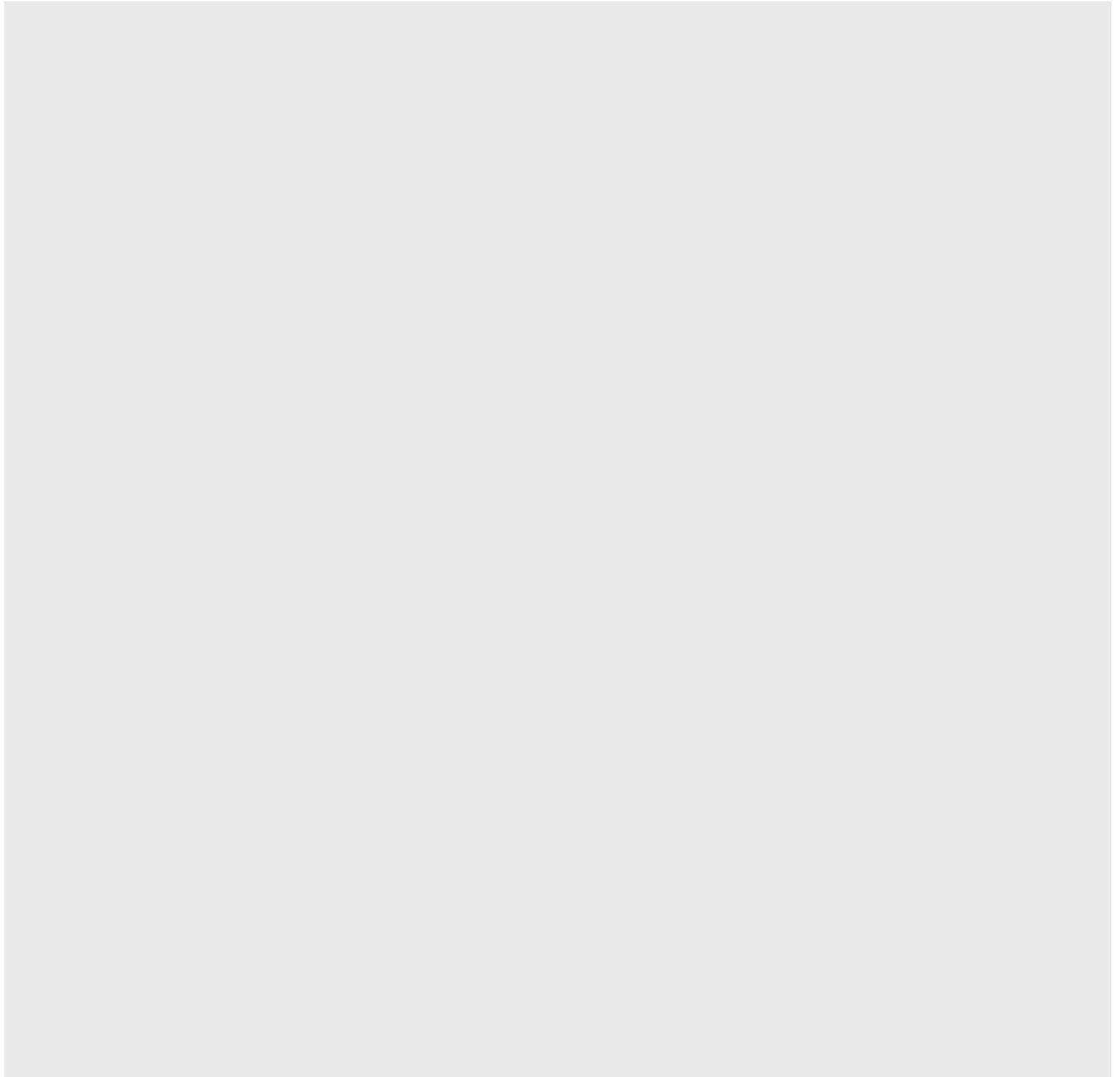
Total Anxiety Score

*This pdf scripted by Johann Schutte, Clinical Psychologist, Gisborne, New Zealand. [www.js.net.nz](http://www.js.net.nz)*

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Questionnaire data, whilst of great value in the diagnostic process can never render a conclusive diagnosis. Many illnesses are associated with symptoms as recorded in questionnaires such as this one, and where significant scores are registered on any of them, more specific and specialized assessment and investigation is indicated.

**ALL questionnaire data must be evaluated for clinical significance by a clinician qualified to do so.**



Right-click anywhere in the interpretation box above. Click on 'Select-All' from the drop-down menu. The contents of the box will be selected.

Right-click in the interpretation box again, and select 'Copy'. This will copy the interpretation to the clipboard.

You can then right-click and select 'Paste' in any external application that accepts text (such as MSWord), to paste the contents from the clipboard to that application.