

## Zung Self-Rating Anxiety Scale

This anxiety test is based on the Zung Self-Rating Anxiety Scale. It is being provided for informational purposes only. The anxiety test results should not be considered a replacement for consultation with a qualified medical professional. Please complete all questions of the anxiety test for accurate results.

**I feel more nervous and anxious than usual.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I feel afraid for no reason at all.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I get upset easily or feel panicky.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I feel like I'm falling apart and going to pieces.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I feel that everything is all right and nothing bad will happen.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I am bothered by dizzy spells.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I have fainting spells or feel like it.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I can breathe in and out easily.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I get feelings of numbness and tingling in my fingers, toes.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I am bothered by stomach aches or indigestion.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**My arms and legs shake and tremble.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I am bothered by headaches, neck and back pains.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I feel weak and get tired easily.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I feel calm and can sit still easily.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I can feel my heart beating fast.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I have to empty my bladder often.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**My hands are usually warm and dry.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**My face gets hot and blushes.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I fall asleep easily and get a good night's rest.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

**I have nightmares.**

- Little or none of the time
- Some of the time
- A large part of the time
- Most of the time

The scores range from 25-100.

Little or none =1 Some of the time =2 A large part of the time =3 Most of the time = 4

25-44 Normal Range

45-59 Mild to Moderate Anxiety Levels

60-74 Marked to Severe Anxiety Levels

75 and above Extreme Anxiety Levels