## Zung Self-rating Anxiety Scale

Name:	Date:	

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. None or Some Most or Good a little of of the part of all of the Circle the appropriate number for each statement. the time the time time 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 pains. 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 faint. 13. I can breathe in and out easily. 14. I get feelings of numbness and tingling in my fingers and toes. 15. I am bothered by stomachaches 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. 

Score Total\*:

\*Score is for healthcare provider interpretation.

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

## How to Use

Patients will circle 1 of the 4 numbers in response to the questions. The healthcare provider, nurse, or medical staff assistant then scores the completed questionnaire and interprets the score using the information found in the box at right.

## How to Score

Check that all statements have been answered. Add up the values for each response to get the Score Total.

## Interpreting the Score

A Score Total of 36 and over suggests the need for further medical assessment of GAD.