

Anxiety Rating Scale

Circle the number that best describes how much the problem listed has bothered or distressed you during the time period listed. Mark only one answer for each item.

Part I

During the past six months, how much were you bothered by:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Lightheadedness, faintness, or dizzy spells | 0 | 1 | 2 | 3 | 4 |
| 2. Sensation of rubbery or "jelly" legs | 0 | 1 | 2 | 3 | 4 |
| 3. Feeling off balance or unsteady as if about to fall | 0 | 1 | 2 | 3 | 4 |
| 4. Difficulty in getting breath, or rapid and shallow breathing | 0 | 1 | 2 | 3 | 4 |
| 5. Skipping or racing of the heart | 0 | 1 | 2 | 3 | 4 |
| 6. Chest pain or pressure | 0 | 1 | 2 | 3 | 4 |
| 7. Smothering or choking sensation, or lump in throat | 0 | 1 | 2 | 3 | 4 |
| 8. Tingling or numbness in parts of the body | 0 | 1 | 2 | 3 | 4 |
| 9. Hot flashes or cold chills | 0 | 1 | 2 | 3 | 4 |
| 10. Nausea or stomach problems | 0 | 1 | 2 | 3 | 4 |
| 11. Episodes of diarrhea | 0 | 1 | 2 | 3 | 4 |
| 12. Headaches or pains in the neck or head | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling tired, weak, or exhausted easily | 0 | 1 | 2 | 3 | 4 |
| 14. Spells of increased sensitivity to sound, light or touch | 0 | 1 | 2 | 3 | 4 |
| 15. Bouts of excessive sweating | 0 | 1 | 2 | 3 | 4 |
| 16. Feeling that my surroundings are strange, unreal, foggy,
or detached | 0 | 1 | 2 | 3 | 4 |
| 17. Feeling outside or detached from part or all of my body, or having
a floating feeling | 0 | 1 | 2 | 3 | 4 |
| 18. Worrying about my health too much | 0 | 1 | 2 | 3 | 4 |
| 19. Feeling I am losing control or going insane | 0 | 1 | 2 | 3 | 4 |
| 20. Having a fear that I am dying or that something terrible is about
to happen | 0 | 1 | 2 | 3 | 4 |
| 21. Shaking or trembling | 0 | 1 | 2 | 3 | 4 |
| 22. Unexpected waves of depression occurring with little or
no provocation | 0 | 1 | 2 | 3 | 4 |
| 23. Emotions and moods going up and down a lot in response to
changes around me | 0 | 1 | 2 | 3 | 4 |
| 24. Being dependent on others | 0 | 1 | 2 | 3 | 4 |
| 25. Having to repeat the same action in a ritual (checking, washing,
counting repeatedly when it's necessary) | 0 | 1 | 2 | 3 | 4 |
| 26. Recurrent words or thoughts that persistently intrude on my mind
and are hard to get rid of (e.g., unwanted aggression, sexual or
impulsive thoughts) | 0 | 1 | 2 | 3 | 4 |
| 27. difficulty in falling asleep | 0 | 1 | 2 | 3 | 4 |
| 28. Waking up in the middle of the night or restless sleeping | 0 | 1 | 2 | 3 | 4 |
| 29. Avoiding situations because they frighten me | 0 | 1 | 2 | 3 | 4 |
| 30. Tension and inability to relax | 0 | 1 | 2 | 3 | 4 |
| 31. Anxiety, nervousness, restlessness | 0 | 1 | 2 | 3 | 4 |
| 32. Sudden unexpected panic spells that occur with little or no
provocation (e.g., attacks with only one or two symptoms) | 0 | 1 | 2 | 3 | 4 |
| 33. Anxiety episodes that build up as I anticipate doing something,
that seem more intense than most people experience in similar
situations | 0 | 1 | 2 | 3 | 4 |

Total Score for Part I: _____

Anxiety Rating Scale

Part II

Today, how much are you bothered by:

1. Mouth drier than usual	0	1	2	3	4
2. Worried, preoccupied	0	1	2	3	4
3. Nervous, jittery, anxious, restless	0	1	2	3	4
4. Afraid, fearful	0	1	2	3	4
5. Tense, "uptight"	0	1	2	3	4
6. Shaky inside or out	0	1	2	3	4
7. Fluttery stomach	0	1	2	3	4
8. Warm all over	0	1	2	3	4
9. Sweaty palms	0	1	2	3	4
10. Rapid or heavy heartbeat	0	1	2	3	4
11. Tremor of hands or legs	0	1	2	3	4

Total Score for Part II: _____

How to understand your test results

Part I

Total Score

Level of Anxiety

6-30	<i>Mild anxiety.</i> If it escalates, consider checking with a mental health professional.
31-50	<i>Moderate anxiety.</i> Consider checking with a psychologist or other mental health professional.
51-80	<i>Marked anxiety.</i> Check with a mental health professional, preferably a psychiatrist.
81-134	<i>Severe anxiety.</i> Definitely see a psychiatrist or neurologist.

Part II

Total Score

Level of Anxiety

4-11	<i>Mild reactive anxiety.</i> Probably adaptive.
12-22	<i>Moderate reactive anxiety.</i> Consider checking with a mental health professional if it escalates or fails to pass.
23-33	<i>Marked reactive anxiety.</i> Seeing a mental health professional would be helpful.
34-44	<i>Severe reactive anxiety.</i> See a mental health professional if this does not moderate in a day or two.

Part I and II Added Together

Part I	6-30	Low	Part II	4-22	Low
	31-134	High		23-44	High

Low score on Part I and Part II: suggests that anxiety is not a major problem.

Low score on both Part I and High score on Part II: suggests a high probability of transitory anxiety. Self-help measures are appropriate.

High score on Part I and Low score on Part II: suggest the possibility of beginning stages of an anxiety disorder. A mental health professional should be consulted.

High score on both Part I and Part II: suggest a probability of a more advanced anxiety disorder. A thorough medical evaluation as well as support from a mental health professional is indicated.