

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