

Zung Self-rating Anxiety Scale

Name: _____ Date: _____

Instructions: Listed below are 20 statements. Please read each one carefully and decide how much the statement describes how you have felt during the past week. Select the appropriate number for each statement.

	None or a little of time	Some of the time	Good part of the time	Most or all of the time
1. I feel more nervous and anxious than usual.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. I feel afraid for no reason at all.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3. I get upset easily or feel panicky.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. I feel like I'm falling apart and going to pieces.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5. I feel that everything is all right and nothing bad will happen.	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
6. My arms and legs shake and tremble.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
7. I am bothered by headaches, neck and back pains.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8. I feel weak and get tired easily.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
9. I feel calm and can sit still easily.	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
10. I can feel my heart beating fast.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
11. I am bothered by dizzy spells.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
12. I have fainting spells or feel faint.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
13. I can breathe in and out easily.	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
14. I get feelings of numbness and tingling in my fingers and toes.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
15. I am bothered by stomachaches or indigestion.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
16. I have to empty my bladder often.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
17. My hands are usually dry and warm.	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
18. My face gets hot and blushes.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
19. I fall asleep easily and get a good night's rest.	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
20. I have nightmares.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

TOTAL SCORE: _____

Scoring

- 20–44 = Normal Range
- 45–59 = Mild to Moderate Anxiety Levels
- 60–74 = Marked to Severe Anxiety Levels
- 75+ = Extreme Anxiety Levels

If the patient scores 45+, it's best to have them undergo a comprehensive examination and then diagnose accordingly. Your treatment plan's contents will depend on the diagnosis and the confirmed severity level in general, and the severity of certain symptoms.