

# ANXIETY RATING SCALE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This is a questionnaire to rate your current level of anxiety. Please rate each group of symptoms with the following numbers:

- 0 = No symptoms**
- 1 = Mild degree of symptoms**
- 2 = Moderate degree of symptoms**
- 3 = Severe symptoms**
- 4 = Very severe, incapacitating symptoms**
- H = Previous experience of symptoms, but have not occurred in the past month**

Please use the past few weeks when considering the score you will give a group of symptoms. All information on this questionnaire is confidential. It will be used by your therapist to develop an appropriate treatment plan and to monitor your progress.

Item	Ratings	Item	Ratings
<b>1. Anxious Mood:</b> Worries, anticipation of worst, fearful anticipation, irritability.		<b>8. Somatic (Sensory):</b> Blurring of vision, hot and cold flushes, feeling of weakness, picking sensation,	
<b>2. Tension:</b> Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.		<b>9. Cardiovascular Symptoms:</b> Rapid heart beat, heart palpitations, pain in chest, throbbing of blood vessels, fainting feelings, missing beat.	
<b>3. Fear:</b> Of dark, of strangers, of being left alone, of animals, of traffic, of crowds, of narrow or small areas.		<b>10. Respiratory Symptoms:</b> Pressure or constriction in chest, choking feelings, sighing, rapid breathing, hyperventilation.	
<b>4. Insomnia:</b> Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.		<b>11. Gastrointestinal Symptoms</b> Difficulty in swallowing, wind, abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, looseness of bowels, loss of weight, constipation.	
<b>5. Intellectual (Cognitive):</b> Difficulty in concentration, poor memory, difficulty in focusing while reading.		<b>12. Genitourinary Symptoms:</b> Frequency of urination, urgency of urination, loss of period, development of frigidity, premature ejaculation, loss of libido, impotence.	
<b>6. Depressed Mood:</b> Loss of interest, lack of pleasure in hobbies, depression, early waking.		<b>13. Autonomic Symptoms:</b> Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.	
<b>7. Behavior:</b> Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, swallowing, belching, brisk tendon jerks, dilated pupils.		<b>14. Somatic (Muscular):</b> Pains and aches, twitchings, stiffness, grinding of teeth, unsteady voice, increased muscular tone.	

Total Score: |\_\_\_\_|