

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 ☐	2 ☐	3 ☐	4 ☐
2. I feel afraid for no reason at all.	1 ☐	2 ☐	3 ☐	4 ☐
3. I get upset easily or feel panicky.	1 ☐	2 ☐	3 ☐	4 ☐
4. I feel like I'm falling apart and going to pieces.	1 ☐	2 ☐	3 ☐	4 ☐
5. I feel that everything is all right and nothing bad will happen.	4 ☐	3 ☐	2 ☐	1 ☐
6. My arms and legs shake and tremble.	1 ☐	2 ☐	3 ☐	4 ☐
7. I am bothered by headaches, neck and back pains.	1 ☐	2 ☐	3 ☐	4 ☐
8. I feel weak and get tired easily.	1 ☐	2 ☐	3 ☐	4 ☐
9. I feel calm and can sit still easily.	4 ☐	3 ☐	2 ☐	1 ☐
10. I can feel my heart beating fast.	1 ☐	2 ☐	3 ☐	4 ☐
11. I am bothered by dizzy spells.	1 ☐	2 ☐	3 ☐	4 ☐
12. I have fainting spells or feel faint.	1 ☐	2 ☐	3 ☐	4 ☐
13. I can breathe in and out easily.	4 ☐	3 ☐	2 ☐	1 ☐
14. I get feelings of numbness and tingling in my fingers and toes.	1 ☐	2 ☐	3 ☐	4 ☐
15. I am bothered by stomachaches or indigestion.	1 ☐	2 ☐	3 ☐	4 ☐
16. I have to empty my bladder often.	1 ☐	2 ☐	3 ☐	4 ☐
17. My hands are usually dry and warm.	4 ☐	3 ☐	2 ☐	1 ☐
18. My face gets hot and blushes.	1 ☐	2 ☐	3 ☐	4 ☐
19. I fall asleep easily and get a good night's rest.	4 ☐	3 ☐	2 ☐	1 ☐
20. I have nightmares.	1 ☐	2 ☐	3 ☐	4 ☐

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.