

Zung Self-Rating Anxiety Scale

For each item below, please check the column which best describes how often you felt or behaved this way during the past several days.

	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel more nervous and anxious than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel afraid for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I get upset easily or feel panicky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel like I'm falling apart and going to pieces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel that everything is all right and nothing bad will happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My arms and legs shake and tremble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am bothered by headaches neck and back pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel weak and get tired easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel calm and can sit still easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can feel my heart beating fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am bothered by dizzy spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have fainting spells or feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I can breathe in and out easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I get numbness and tingling in my fingers and toes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am bothered by stomach aches or indigestion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have to empty my bladder often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My hands are usually dry and warm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My face gets hot and blushes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I fall asleep easily and get a good night's rest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sources

1. William WK Zung. *A Rating Instrument for Anxiety Disorders*. 12(6): Psychosomatics 371-379. 1971.

How is the Zung Self-Rating Anxiety Scale Scored?

Despite its simplicity, the Zung Self Rating Scale for anxiety is widely used in the psychiatric field. It is not considered a replacement for a professional diagnosis, but has been proven at least internally reliable in many different tests, and continues to be used in the clinical field.

The rating scale is scored from 1 to 4 points. Most answers go in order of 1 (a little of the time) to 4 (most of the time). However, questions 5, 9, 13, 17, and 19 are scored in the opposite order, since they represent positive/non-anxiety statements.

Scores are then calculated and individuals are given the following results:

- 20-44 Normal Range
- 45-59 Mild to Moderate Anxiety Levels
- 60-74 Marked to Severe Anxiety Levels
- 75-80 Extreme Anxiety Levels

This is designed to give you a better idea of your anxiety in terms of severity.