

Anxiety Self-Rating Form

Instruction : For every item below, circle the number of the statement that best describes how you have been feeling **during the past week**. Make sure to mark each item.

	No more than usual	A little more than usual	Quite a bit more than usual	A great deal more than usual
I feel restless and on edge	1	2	3	4
I am irritable	1	2	3	4
I worry a lot	1	2	3	4
I have difficulty falling asleep	1	2	3	4
I feel tense all over	1	2	3	4
I fear something bad will happen	1	2	3	4
I can't relax	1	2	3	4
I have difficulty concentrating	1	2	3	4
I sweat a lot	1	2	3	4
I have difficulty breathing	1	2	3	4
I startle easily	1	2	3	4
I feel my heart beating	1	2	3	4
I feel light headed	1	2	3	4
I am apprehensive	1	2	3	4
I have indigestion	1	2	3	4

Scoring : Add up your total score (that is, all the numbers that you have circled). Compare you score with the guidelines below.

your score:

Score	Depression Rating	Recommended Action
15 to 21	No anxiety evident	None
22 to 28	Mild to moderate anxiety	Monitor symptoms closely and seek professional evaluation if condition worsens
29 to 35	Moderately severe anxiety	If symptoms persist for more than one week, should obtain a professional evaluation
36 to 60	Severe anxiety	Should obtain a professional help and treatment without delay