DUCKLOWS

Anxiety and Worry Scale

Instructions: The following is a list of symptoms that people sometimes have. Put a check {} in the space to the right that bests describes how much that symptom or problem has bothered you during the past week.

Symptom List
Not at all = 0
Somewhat = 1
Moderately = 2
A lot = 3

Category 1: Anxious Feelings

1. Anxiety, nervousness, worry, or fear

   0 – 1 – 2 – 3

2. Feelings that things around you are strange, unreal, or foggy

   0 – 1 – 2 – 3

3. Feeling detached from all or part of your body

   0 – 1 – 2 – 3

4. Sudden unexpected panic spells

   0 – 1 – 2 – 3

5. Apprehension or a sense of impending doom

   0 – 1 – 2 – 3

6. Feeling tense, stressed, “uptight,” or on edge

   0 – 1 – 2 – 3

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Category 2: Anxious Thoughts

7. Difficulty concentrating

0 – 1 – 2 – 3

8. Racing thoughts of having your mind jump from one thing to the next

0 – 1 – 2 – 3

9. Frightening fantasies or daydreams

0 – 1 – 2 – 3

10. Feeling that you're on the verge of losing control

0 – 1 – 2 – 3

11. Fears of cracking up or going crazy

0 – 1 – 2 – 3

12. Fears of fainting or passing out

0 – 1 – 2 – 3

13. Fears of physical illnesses or heart attacks or dying

0 – 1 – 2 – 3

14. Concerns about looking foolish or inadequate in front of others

0 – 1 – 2 – 3

15. Fears of being alone, isolated or abandoned

0 – 1 – 2 – 3

16. Fears of criticism or disapproval

0 – 1 – 2 – 3

17. Fears that something terrible is about to happen

0 – 1 – 2 – 3

Category 3: Physical Symptoms

18. Skipping or racing or pounding of the heart (sometimes called “palpitations”)

0 – 1 – 2 – 3

19. Pain, pressure, or tightness in the chest

0 – 1 – 2 – 3

20. Tingling or numbness in the toes or fingers

0 – 1 – 2 – 3

21. Butterflies or discomfort in the stomach

0 – 1 – 2 – 3

22. Constipation or diarrhea

0 – 1 – 2 – 3

23. Restlessness or jumpiness

0 – 1 – 2 – 3

24. Tight, tense muscles

0 – 1 – 2 – 3

25. Sweating not brought on by heat

0 – 1 – 2 – 3

26. A lump in the throat

0 – 1 – 2 – 3

27. Trembling or shaking

0 – 1 – 2 – 3

28. Rubbery or “jelly” legs

0 – 1 – 2 – 3

29. Feeling dizzy, lightheaded, or off balance

0 – 1 – 2 – 3

30. Choking or smothering sensations or difficulty breathing

0 – 1 – 2 – 3

31. Headaches or pains in the neck or back

0 – 1 – 2 – 3

32. Hot flashes or cold chills

0 – 1 – 2 – 3

33. Feeling tired, weak, or easily exhausted

0 – 1 – 2 – 3

Anxiety Scores

0-4:	Minimal or no anxiety
5-10:	Borderline anxiety
11-20:	Mild anxiety
21-30:	Moderate anxiety
31-50:	Severe anxiety
51-99:	Extreme anxiety and or panic
