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
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

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**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

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