



PBPS – ZUNG SELF RATING ANXIETY SCALE

PATIENT NAME: _____ DATE: _____

CHECK THE BOX THAT BEST DESCRIBES HOW YOU HAVE BEEN FEELING THE PAST WEEK.

	NONE OR A LITTLE OF THE TIME	SOME OF THE TIME	GOOD PART OF THE TIME	MOST OR ALL OF THE TIME
I feel more nervous and anxious than usual				
I feel afraid for no reason at all				
I get upset easily or feel panicky				
I feel like I'm falling apart and going to pieces				
I feel that everything is all right and nothing bad will happen				
My arms and legs shake and tremble				
I am bothered by headaches, neck and back pains				
I feel weak and get tired easily				
I feel calm and can sit still easily				
I can feel my heart beating fast				
I am bothered by dizzy spells				
I have fainting spells or feel faint				
I can breathe in and out easily				
I get feelings of numbness and tingling in my fingers and toes				
I am bothered by stomach aches or indigestion				
I have to empty my bladder often				
My hands are usually dry and warm				
My face gets hot and blushes				
I fall asleep easily and get a good night's rest				
I have nightmares				

PATIENT SIGNATURE: _____ DATE: _____