

OCD Recovery Centers of America

Anxiety Self-Rating Scale

INSTRUCTIONS: This scale is designed for your personal use. There are no right or wrong answers. Usually your first response is the best. Please print these pages out for your personal reference. If you like, there is also a Depression Self-Rating Scale.

- For each item decide if it
 - NEVER applies to you (mark 0)
 - SOMETIMES applies to you (mark 1)
 - HALF THE TIME applies to you (circle 2)
 - FREQUENTLY applies to you (mark 3)
 - ALWAYS applies to you (mark 4).
- When you are finished add up your totals in all 5 columns to get your **TOTAL SCORE**.
- Make sure you base your answers on how you actually behave in your daily life, not on how you would like to be.

I feel tense, nervous, restless, or agitated	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I feel afraid for no apparent reason	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I worry about bad things that might happen to me or those I care about	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I have difficulty falling asleep, staying asleep or waking up early	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I have difficulty eating too much, too little or digesting my food	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I wish I knew a way to make myself more relaxed	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I have difficulty with my concentration, memory or thinking	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I would say I am anxious much of the time	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
From time to time I have experienced a racing heartbeat, cold hands or feet, dry mouth, sweating, tight muscles, difficulty breathing, numbness, frequent urination, or hot/cold flashes	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
I wish I could be as relaxed with myself as others seem to be	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

SCORING: Total the number of points in each of the columns. Add all columns together to get your **TOTAL SCORE**

- MINIMAL ANXIETY - 0 to 8 point
- MILD ANXIETY - 8 to 16 points
- MODERATE ANXIETY - 17 to 24 points
- HIGH ANXIETY (Warning Level) - 25 to 32 points
- EXTREME ANXIETY (Warning Level) - 33 to 40 points