

Anxiety Questionnaire

Circle the number which best describes the extent to which you have these symptoms.

0 = Not present

1 = Mild

2 = Moderate

3 = Severe

4 = Very severe

1. **Anxious mood** 0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability, unable to sit still.

2. **Tension** 0 1 2 3 4

Feelings of tension, fatigue, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

3. **Fears** 0 1 2 3 4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4. **Insomnia** 0 1 2 3 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

5. **Intellectual** 0 1 2 3 4

Difficulty in concentration, poor memory.

6. **Depressed mood** 0 1 2 3 4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

7. **Somatic (muscular)** 0 1 2 3 4

Pains and aches, twitching, stiffness, grinding of teeth, unsteady voice, increased muscular tone.

8. **Somatic (sensory)** 0 1 2 3 4

Ringing in the ear, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

9. **Cardiovascular symptoms** 0 1 2 3 4

Increased heart rate, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

10. **Respiratory symptoms** 0 1 2 3 4

Pressure or constriction in chest, choking feelings, sighing, difficult breathing.

11. **Gastrointestinal symptoms** 0 1 2 3 4

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, diarrhoea, loss of weight, constipation.

12. **Genitourinary symptoms** 0 1 2 3 4

Frequency of urination, urgency of urination, absent periods, heavy periods, low libido, premature ejaculation, loss of libido, impotence/erectile dysfunction.

13. **Autonomic symptoms** 0 1 2 3 4

Dry mouth, flushing, tendency to sweat, giddiness, tension headache, raising of hair.

14. **Behaviour at interview** 0 1 2 3 4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc

Patient Name:

Date:

Score:

Scoring

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.