



Patient-Rating Anxiety Scale

Part 1

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have. Circle the number to the right that best describes how much that problem bothered or distressed you during the past six months. Mark only one number for each problem and do not skip any items.

0 – not at all 1 – A little bit 2 – Moderately 3 – Markedly 4 – Extremely

HOW MUCH DID YOU SUFFER FROM:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Lightheadedness, faintness or dizzy spells | 0 | 1 | 2 | 3 | 4 |
| 2. Sensation of rubbery, weak or "jelly legs" | 0 | 1 | 2 | 3 | 4 |
| 3. Feeling off-balance or unsteady as if about to fall | 0 | 1 | 2 | 3 | 4 |
| 4. Difficulty in getting breath, smothering sensation, or over breathing | 0 | 1 | 2 | 3 | 4 |
| 5. Skipping or racing of the heart | 0 | 1 | 2 | 3 | 4 |
| 6. Chest pain or pressure | 0 | 1 | 2 | 3 | 4 |
| 7. Choking sensation or lump in throat | 0 | 1 | 2 | 3 | 4 |
| 8. Tingling or numbness in parts of the body | 0 | 1 | 2 | 3 | 4 |
| 9. Hot flashes or cold chills | 0 | 1 | 2 | 3 | 4 |
| 10. Nausea or stomach problems | 0 | 1 | 2 | 3 | 4 |
| 11. Episodes of diarrhea | 0 | 1 | 2 | 3 | 4 |
| 12. Headaches or pains in neck or head | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling tired, weak, and exhausted easily | 0 | 1 | 2 | 3 | 4 |
| 14. Spells of increased sensitivity to sound, light, or touch | 0 | 1 | 2 | 3 | 4 |
| 15. Bouts of excessive sweating | 0 | 1 | 2 | 3 | 4 |
| 16. Feeling that surroundings are strange, unreal, foggy, or detached | 0 | 1 | 2 | 3 | 4 |
| 17. Feeling outside or detached from part or all of your body or a floating feeling | 0 | 1 | 2 | 3 | 4 |
| 18. Worrying about your health too much | 0 | 1 | 2 | 3 | 4 |



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|--|---|---|---|---|---|
| 19. Feeling you are losing control or going insane | 0 | 1 | 2 | 3 | 4 |
| 20. Having a fear that you are dying or that something terrible is about to happen | 0 | 1 | 2 | 3 | 4 |
| 21. Shaking or trembling | 0 | 1 | 2 | 3 | 4 |
| 22. Unexpected waves of depression occurring with little or no provocation | | | | | |
| 23. Emotions and moods going up and down a lot in responses to changes around you. | | | | | |
| 24. Being dependent on others | 0 | 1 | 2 | 3 | 4 |
| 25. Having to repeat the same action to a ritual i.e., checking washing, counting repeatedly, when it's not really necessary | 0 | 1 | 2 | 3 | 4 |
| 26. Recurrent words or thoughts that persistently intrude on your mind and are hard to get rid of i.e., unwanted aggressive, sexual, or poor impulse control thoughts | 0 | 1 | 2 | 3 | 4 |
| 27. Difficulty in falling asleep | 0 | 1 | 2 | 3 | 4 |
| 28. Waking up in the middle of the night or restless sleep | 0 | 1 | 2 | 3 | 4 |
| 29. Avoiding situations because they frighten you | 0 | 1 | 2 | 3 | 4 |
| 30. Tension and inability to relax | 0 | 1 | 2 | 3 | 4 |
| 31. Anxiety, nervousness, restlessness | 0 | 1 | 2 | 3 | 4 |
| 32. Sudden anxiety attacks with three or more symptoms (listed above) that occur when you are in or about to go into a situation that from your experience is likely to bring on an attack | 0 | 1 | 2 | 3 | 4 |
| 33. Sudden unexpected anxiety attacks with three or more symptoms occurring together that occur with little or no provocation (i.e., when you are not in a situation that is likely from your experience to bring on anxiety | 0 | 1 | 2 | 3 | 4 |
| 34. Sudden unexpected spells with only one or two symptoms that occur with little or no provocation (i.e., when you are not in a situation that is likely from your experience to bring on anxiety | 0 | 1 | 2 | 3 | 4 |
| 35. Anxiety episodes that build up as you anticipate doing something that is likely from your experience to bring on anxiety that is more intense than most people experience in such situations | 0 | 1 | 2 | 3 | 4 |



Part 2

INSTRUCTIONS: Circle one of the numbers to the right of each question to describe how you feel in a phobic or stress situation.

0 – not at all 1 – A little bit 2 – Moderately 3 – Markedly 4 – Extremely

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|--|---|---|---|---|---|
| 1. Mouth drier than usual | 0 | 1 | 2 | 3 | 4 |
| 2. Worried, preoccupied | 0 | 1 | 2 | 3 | 4 |
| 3. Nervous, jittery, anxious, restless | 0 | 1 | 2 | 3 | 4 |
| 4. Afraid, fearful | 0 | 1 | 2 | 3 | 4 |
| 5. Tense, "uptight" | 0 | 1 | 2 | 3 | 4 |
| 6. Shaky inside or out | 0 | 1 | 2 | 3 | 4 |
| 7. Fluttery stomach | 0 | 1 | 2 | 3 | 4 |
| 8. Warm all over | 0 | 1 | 2 | 3 | 4 |
| 9. Sweaty palms | 0 | 1 | 2 | 3 | 4 |
| 10. Rapid or heavy heartbeat | 0 | 1 | 2 | 3 | 4 |
| 11. Tremor of hands or legs | 0 | 1 | 2 | 3 | 4 |

To calculate your score on the Patient-Rated Anxiety Scale, add up all the numbers you marked. Calculate your total score for all of Part 1 and another score for all of Part 2

Part 1

Score	6-30	mild endogenous anxiety
Score	31-50	moderate endogenous anxiety
Score	51-80	marked endogenous anxiety
Score	81-134	severe endogenous anxiety

Part 2

Score	4-11	mild exogenous anxiety or phobia
Score	12-22	moderate exogenous anxiety or phobia
Score	23-33	marked exogenous anxiety or phobia
Score	34-44	severe exogenous anxiety or phobia



STAGE OF DISEASE CHECKLIST

		YES	NO
Stage 1	Spells (surges of symptoms)	_____	_____
Stage 2	Panic	_____	_____
Stage 3	Health worries	_____	_____
Stage 4	Limited phobias	_____	_____
Stage 5	Social phobias	_____	_____
Stage 6	Extensive phobias/agoraphobia	_____	_____
Stage 7	Depression	_____	_____
		_____	_____
		_____	_____
		_____	_____

TO BE USED BY THE COUNSELOR: