Anxiety Questionnaire

Name:			
Age:			
Gender:			

In the past two weeks, how frequently have the following issues been a source of concern or bother for you?

To determine the severity of anxiety using the questionnaire, scores are assigned based on the response categories. The scoring is as follows:

"Not at all" is scored as 0	"More than half the days" is scored as 2
"Several days" is scored as 1	"Nearly every day" is scored as 3

Questions	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly everyday
1. How often have you felt excessive worry or apprehension?				
2. How frequently do you experience restlessness or feeling on edge?				
3. Are you easily fatigued or have trouble sleeping due to anxiety?				
4. Do you have difficulty concentrating or find your mind going blank because of anxiety?				
5. Have you noticed increased irritability or feelings of being on edge?				

6. Do you experience muscle tension or physical symptoms related to anxiety?		
7. Are you avoiding certain situations or activities due to anxiety?		
Column totals (get the sum):		
Total Score:		

Scoring

The total score is calculated by adding up the scores for the seven items, resulting in a range of 0 to 21. The interpretation of the total score is as follows:

0 to 4: Minimal anxiety

5 to 9: Mild anxiety

10 to 14: Moderate anxiety

15 to 21: Severe anxiety