



CLINICAL ANXIETY SCALE (CAS)

Name: _____ Today's Date: _____

This questionnaire is designed to measure how much anxiety you are currently feeling. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

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1. ____ I feel calm.
 2. ____ I feel tense.
 3. ____ I feel suddenly scared for no reason.
 4. ____ I feel nervous.
 5. ____ I use tranquilizers or antidepressants to cope with my anxiety.
 6. ____ I feel confident about the future.
 7. ____ I am free from senseless or unpleasant thoughts.
 8. ____ I feel afraid to go out of my house alone.
 9. ____ I feel relaxed and in control of myself.
 10. ____ I have spells of terror or panic.
 11. ____ I feel afraid in open spaces or in the streets.
 12. ____ I feel afraid I will faint in public.
 13. ____ I am comfortable traveling on buses, subways or trains.
 14. ____ I feel nervousness or shakiness inside.
 15. ____ I feel comfortable in crowds, such as shopping or at a movie.
 16. ____ I feel comfortable when I am left alone.
 17. ____ I feel afraid without good reason.
 18. ____ Due to my fears, I unreasonably avoid certain animals, objects or situations.
 19. ____ I get upset easily or feel panicky unexpectedly.
 20. ____ My hands, arms or legs shake or tremble.
 21. ____ Due to my fears, I avoid social situations, whenever possible.
 22. ____ I experience sudden attacks of panic which catch me by surprise.
 23. ____ I feel generally anxious.
 24. ____ I am bothered by dizzy spells.
 25. ____ Due to my fears, I avoid being alone, whenever possible.