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 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

1. _____ I feel calm
2. _____ I feel tense.
3. _____
4. _____ I feel nervous.
5. _____ I use tranquilizers or antidepressants to cope with my anxiety.
6. _____
7. _____ I am free from senseless or unpleasant thoughts.
8. _____ I feel afraid to go out of my house alone.
9. _____
10. _____ I have spells of terror or panic.
11. _____ I feel afraid in open spaces or in the streets.
12. _____
13. _____ I am comfortable traveling on buses, subways, or trains.
14. _____ I feel nervousness or shakiness inside.
15. _____
16. _____ I feel comfortable when I am left alone.
17. _____ I feel afraid without good reason.
18. _____
19. _____ I get upset easily or feel panicky unexpectedly.
20. _____ My hands, arms, or legs shake or tremble.
21. _____
22. _____ I experience sudden attacks of panic which catch me by surprise.
23. _____ I feel generally anxious.
24. _____
25. _____