

Patient-Rated Anxiety Scale*

Part 1: Endogenous Factor

Instructions: Below is a list of problems and complaints that people have. Check (✓) one of the spaces to the right that best describes how such that problem bothered you during the past three months. Mark only one space for each problem and do not skip any lines.

How much were you bothered by:	0 Not At All	1 A Little Bit	2 Moderately	3 Quite A Bit	4 Extremely
1. Light-headedness, faintness, or dizzy spells.					
2. Sensation of rubbery or "jelly" legs.					
3. Feeling off balance or unsteady like you might fall					
4. Difficulty getting your breath or over-breathing					
5. Skipping or racing of your heart.					
6. Chest pain or pressure.					
7. Smothering or choking sensation or lump in throat.					
8. Tingling or numbness in parts or your body.					
9. Hot flashes or cold chills.					
10. Nausea or stomach problems.					
11. Episodes of diarrhea.					
12. Headaches or pains in neck or back.					
13. Feeling tired, weak, and exhausted easily.					
14. Spells of increased sensitivity to sound, lights or touch.					

How much were you bothered by:	0 Not At All	1 A Little Bit	2 Moderately	3 Quite A Bit	4 Extremely
15. Bouts of excessive sweating					
16. Feeling that things around you are strange, unreal, foggy, or detached from you.					
17. Feeling outside or detached from part or all of your body or a floating feeling.					
18. Worrying about your health too much.					
19. Feeling you are losing control or going insane.					
20. Having a fear that you are dying or that something terrible is about to happen.					
21. Shaking or trembling.					
22. Unexpected waves of depression occurring with little or no provocation.					
23. Emotions and moods going up and down a lot in response to change around you.					
24. Being dependent on others.					
25. Having to repeat the same action in a ritual, eg, checking, washing, counting.					

How much were you bothered by:	0 Not At All	1 A Little Bit	2 Moderately	3 Quite A Bit	4 Extremely
26. Recurrent words or thoughts that persistently intrude on your mind and are hard to get rid of, eg, recurrent, unwanted aggressive or sexual thoughts or poor impulse control.					
27. Difficulty falling asleep.					
28. Waking up in the middle of the night or restless sleep.					
29. Avoiding situations because they frighten you.					
30. Tension and inability to relax.					
31. Anxiety, nervousness, restlessness					
32. Sudden unexpected panic spells that occur with little or no provocation (that is, major anxiety attacks with 3 or more of the symptoms listed above.)					
33. Sudden unexpected spells of symptoms (eg, those listed above) without full panic that occur with little or no provocation (that is, minor attacks associated with 1 or 2 of the symptoms listed above.)					
34. Anxiety episodes that build up as you anticipate (before) doing something and that are more intense than most people experience in such situations.					