



## UNC CFAR Social and Behavioral Science Research Core SABI Database

**INSTRUMENT TITLE:** A Rating Instrument for Anxiety Disorders (anxiety status)

**SOURCE ARTICLE:** Zung, W.W. (1971) A Rating Instrument for Anxiety Disorders. *Psychosomatics*, 12(6): 371-9.

**RESPONSE OPTIONS:** 1= none or insignificant in intensity or duration, present none or a little of time in frequency; 2= mild in intensity or duration, present some of the time in frequency; 3= of moderate severity, present a good part of the time in frequency; 4= severe in intensity or duration, present most of all of the time in frequency.

### SURVEY ITEMS:

1. Anxiousness: Do you ever feel nervous and anxious?
2. Fear: Have you ever felt afraid?
3. Panic: How easily do you get upset? Ever have panic spells or feel like it?
4. Mental disintegration: Do you ever feel like you're falling apart? Going to pieces?
5. Apprehension: Have you ever felt uneasy? Or that something terrible was going to happen?
6. Tremors: Have you had times when you feel yourself trembling? shaking?
7. Body Aches and Pains: Do you have head aches? neck or back pains?
8. Easy fatiguability, weakness: How easily do you get tired? Ever have spells of weakness?
9. Restlessness: Do you ever find yourself restless and can't sit still?
10. Palpitation: Have you ever felt that your heart was running away?

### TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

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When presenting results using any survey information you obtained from the SABI, please acknowledge the University of North Carolina at Chapel Hill Center for AIDS Research (CFAR), an NIH funded program P30 AI50410.



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11. Dizziness: Do you have dizzy spells?
12. Faintness: Do you ever have fainting spells? or feel like it?
13. Dyspnea: Ever have trouble with your breathing?
14. Paresthesias: Ever have feelings of numbness and tingling in your fingertips? or around your mouth?
15. Nausea and vomiting: Do you ever feel sick to your stomach or feel like vomiting?
16. Urinary frequency: How often do you need to empty your bladder?
17. Sweating: Do you ever get wet, clammy hands?
18. Face flushing: Do you ever feel your face getting hot and blushing?
19. Insomnia: Have you been sleeping?
20. Nightmares: Do you have dreams that scare you?

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