

NAME: _____ DATE: _____

BECK SCALE

Instructions: please list the most appropriate answer to the side. Answers should reflect the past 4 weeks.	NONE/OR A LITTLE	SOME OF THE TIME	A GOOD PART OF THE TIME	MOST/ OR ALL OF THE TIME	
1. I feel more nervous and anxious than usual	1	2	3	4	
2. I feel afraid for no reason at all	1	2	3	4	
3. I get upset easily or feel panicky	1	2	3	4	
4. I feel like I'm falling apart and going to pieces	1	2	3	4	
5. I feel that everything is all right and nothing bad will happen	4	3	2	1	
6. My arms and legs shake and tremble	1	2	3	4	
7. I am bothered by headaches, neck and back pain	1	2	3	4	
8. I feel weak and get tired easily	1	2	3	4	
9. I feel calm and can sit still easily	4	3	2	1	
10. I can feel my heart beating fast	1	2	3	4	
11. I am bothered by dizzy spells	1	2	3	4	
12. I have fainting spells or feel faint	1	2	3	4	
13. I can breathe in and out easily	4	3	2	1	
14. I get feelings of numbness and tingling in my fingers and toes	1	2	3	4	
15. I am bothered by stomachaches or indigestion	1	2	3	4	
16. I have to empty my bladder often	1	2	3	4	
17. My hands are usually dry and warm	4	3	2	1	
18. My face gets hot and blushes	1	2	3	4	
19. I fall asleep easily and get a good night's rest	4	3	2	1	
20. I have nightmares	1	2	3	4	
Beck Scale, From Bristo-Myers Squibb Company	Raw Score Anxiety				

ZUNG SCALE

Instructions: please list the most appropriate answer to the side. Answers should reflect the past 4 weeks.	NONE/OR A LITTLE	SOME OF THE TIME	A GOOD PART OF THE TIME	MOST/ OR ALL OF THE TIME	
1. I feel downhearted, blue and sad	1	2	3	4	
2. Morning is when I feel the best	4	3	2	1	
3. I have crying spells or feel like it	1	2	3	4	
4. I have trouble sleeping through the night	1	2	3	4	
5. I eat as much as I used to	4	3	2	1	
6. I enjoy looking at, talking to, and being with attractive women/men	4	3	2	1	
7. I notice I am losing weight	1	2	3	4	
8. I have trouble with constipation	1	2	3	4	
9. My heart beats faster than usual	1	2	3	4	
10. I get tired for no reason	1	2	3	4	
11. My mind is as clear as it used to be	4	3	2	1	
12. I find it easy to do the things I used to do	4	3	2	1	
13. I am restless and can't keep still	1	2	3	4	
14. I feel hopeful about the future	4	3	2	1	
15. I am more irritable than usual	1	2	3	4	
16. I find it easy to make decisions	4	3	2	1	
17. I feel that I am useful and needed	4	3	2	1	
18. My life is pretty full	4	3	2	1	
19. I feel that others would be better off if I were dead	1	2	3	4	
20. I still enjoy the things I used to do	4	3	2	1	
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MEDICATIONS: _____ PLAN: _____

RECHECK DATE: _____