

UCLA Anxiety Scale – RF

Instructions: Please read and respond to the following items based on how you **have felt for the past week including today**. Please answer every statement and only select one response for each item.

Almost Never	Rarely	Sometimes	Often	Very Often	Almost Always
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		0	1	2	3	4	5
1.	I feel an overall sense of stress.	0	1	2	3	4	5
2.	I feel physical tension or muscle tightness.	0	1	2	3	4	5
3.	I find myself thinking about various things that could go wrong.	0	1	2	3	4	5
4.	I feel agitated (e.g., upset or irritated).	0	1	2	3	4	5
5.	I feel scared.	0	1	2	3	4	5
6.	I feel restless (e.g., keyed up or on edge).	0	1	2	3	4	5
7.	I get concerned about making a bad choice when faced with decisions.	0	1	2	3	4	5
8.	It is difficult for me to stop worrying about things.	0	1	2	3	4	5
9.	I feel uneasy or nervous.	0	1	2	3	4	5
10.	I'm afraid of losing control.	0	1	2	3	4	5
11.	I experience my heart racing or pounding.	0	1	2	3	4	5
12.	I worry about things excessively.	0	1	2	3	4	5
13.	Anxious feelings interfere with my ability to get things done.	0	1	2	3	4	5
14.	It is difficult for me to feel relaxed.	0	1	2	3	4	5
15.	I experience shortness of breath or difficulty breathing.	0	1	2	3	4	5
16.	I feel dizzy, lightheaded, or faint.	0	1	2	3	4	5
17.	I experience restless, unsatisfying sleep.	0	1	2	3	4	5
18.	I panic much more than others around me.	0	1	2	3	4	5
19.	I imagine the worst possible outcome in various situations.	0	1	2	3	4	5
20.	I feel uptight	0	1	2	3	4	5

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