

CATEGORY III: PHYSICAL SYMPTOMS		0-NOT AT ALL	1-SOMEWHAT	2-MODERATELY	3-A LOT
18.	Skipping or racing or pounding of the heart (sometimes called "palpitations")				
19.	Pain, pressure, or tightness in the chest				
20.	Tingling or numbness in the toes or fingers				
21.	Butterflies or discomfort in the stomach				
22.	Constipation or diarrhea				
23.	Restlessness or jumpiness				
24.	Tight, tense muscles				
25.	Sweating not brought on by heat				
26.	A lump in the throat				
27.	Trembling or shaking				
28.	Rubbery or "jelly" legs				
29.	Feeling dizzy, lightheaded, or off balance				
30.	Choking or smothering sensations or difficulty breathing				
31.	Headaches or pains in the neck or back				
32.	Hot flashes or cold chills				
33.	Feeling tired, weak, or easily exhausted				

Add up your total score for the 33 symptoms and record it here: _____

Date: _____

Total score	Degree of anxiety
0-4	Minimal or no anxiety
5-10	Borderline anxiety
11-20	Mild anxiety
21-30	Moderate anxiety
31-50	Severe anxiety
51-99	Extreme anxiety or panic