

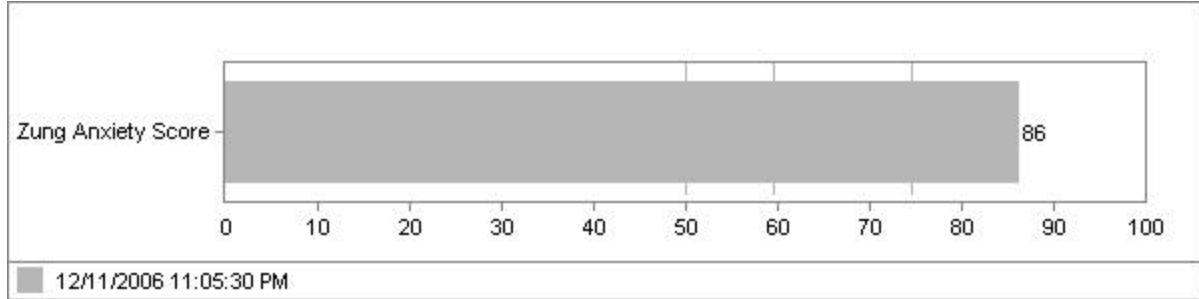
Zung Anxiety Report



Name: _____
ID Number: 222222222222
Date Tested: 12/11/2006 11:05:30 PM

Gender: Male
Age: 34
Reviewed by: _____

Zung Anxiety Result: Severity = 86, Most Extreme Anxiety



- | | |
|--|-----------------------------------|
| 1. I feel more nervous and anxious than usual | Most OR All of The Time |
| 2. I feel afraid for no reason at all | Good Part of the Time |
| 3. I get upset easily or feel panicky | Most OR All of The Time |
| 4. I feel like I'm falling apart and going to pieces | Good Part of the Time |
| 5. I feel that everything is all right and nothing bad will happen | None OR Little of the Time |
| 6. My arms and legs shake and tremble | Good Part of the Time |
| 7. I am bothered by headaches, neck, and back pains | Most OR All of The Time |
| 8. I feel weak and get tired easily | Most OR All of The Time |
| 9. I feel calm and can sit still easily | Some of the time |
| 10. I can feel my heart beating fast | Most OR All of The Time |
| 11. I am bothered by dizzy spells | Some of the time |
| 12. I have fainting spells or feel faint | Good Part of the Time |
| 13. I can breathe in and out easily | None OR Little of the Time |
| 14. I get feelings of numbness and tingling in my fingers, toes | Good Part of the Time |
| 15. I am bothered by stomach aches or indigestion | Most OR All of The Time |
| 16. I have to empty my bladder often | Good Part of the Time |
| 17. My hands are usually dry and warm | None OR Little of the Time |
| 18. My face gets hot and blushes | Most OR All of The Time |
| 19. I fall asleep easily and get a good night's rest | Good Part of the Time |
| 20. I have nightmares | Most OR All of The Time |

Note: Item responses are from the most recent test administration.