

# Goldberg Anxiety Scale

**In the past month for most of the time:** **Yes/No**

- Have you felt keyed up, high strung or on edge? Y / N
- Have you been worrying a lot? Y / N
- Have you been irritable? Y / N
- Have you had any difficulty relaxing? Y / N
- Have you been sleeping poorly? Y / N
- Have you had headaches or neck aches? Y / N
- Have you had any of the following:  
trembling, tingling, dizziness, sweating, urgency, or diarrhea? Y / N
- Have you been worried about your health? Y / N
- Have you had difficulty falling asleep? Y / N

***Score one point for each "Yes."***

***Your Score:*** \_\_\_\_\_

***Interpretation:*** The higher the score, the more likely you are experiencing anxiety at a level that is affecting your life.

If you are troubled by several of the above symptoms, and they are affecting your ability to function, you should seek help.

***For more information or to schedule an appointment call  
State Avenue Counseling Services @ 208.994.3599***