# M12-927 Site Number Subject Number Examiner Initials Day Month Year

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# The Parkinson Anxiety Scale (PAS); English version

# A. Persistent anxiety

#### Please mark one circle for each item below

In the past four weeks, to what extent did you experience the following symptoms?

#### A.1. Feeling anxious or nervous

- O 0. Not at all, or never
- O 1. Very mild, or rarely
- O 2. Mild, or sometimes
- O 3. Moderate, or often
- O 4. Severe, or (nearly) always

#### A.2. Feeling tense or stressed

- O 0. Not at all, or never
- O 1. Very mild, or rarely
- O 2. Mild, or sometimes
- O 3. Moderate, or often
- O 4. Severe, or (nearly) always

#### A.3. Being unable to relax

- O 0. Not at all, or never
- O 1. Very mild, or rarely
- O 2. Mild, or sometimes
- O 3. Moderate, or often
- O 4. Severe, or (nearly) always

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#### Parkinson Anxiety Scale (PAS)

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## A.4. Excessive worrying about everyday matters

- O 0. Not at all, or never
- O 1. Very mild, or rarely
- O 2. Mild, or sometimes
- O 3. Moderate, or often
- O 4. Severe, or (nearly) always

# A.5. Fear of something bad, or even the worst, happening

- O 0. Not at all, or never
- O 1. Very mild, or rarely
- O 2. Mild, or sometimes
- O 3. Moderate, or often
- O 4. Severe, or (nearly) always

# B. Episodic anxiety

#### Please mark one circle for each item below

In the past four weeks, did you experience episodes of the following symptoms?

#### **B.1.** Panic or intense fear

- O 0. Never
- O 1. Rarely
- O 2. Sometimes
- O 3. Often
- O 4. Nearly always

#### **B.2.** Shortness of breath

- O 0. Never
- O 1. Rarely
- O 2. Sometimes
- O 3. Often
- O 4. Nearly always

M12-92	27				Parkinson Anxiety Scale (PAS
Site	Number	Subject Number	Examiner Initials	Visit	Examination Date  Day Month Year
<ul><li>O 1.</li><li>O 2.</li><li>O 3.</li></ul>	Heart pal Never Rarely Sometimes Often Nearly alw	S	rt beating fast (1	iot relate	ed to physical effort or activity)
<ul><li>O 1.</li><li>O 2.</li><li>O 3.</li></ul>	Fear of lo Never Rarely Sometime Often Nearly alv				
			C. Avoidance	behavio	<u>ur</u>
		Please	mark one circle	for each	item below
In the j	past four w	eeks, to what ext	ent did you fear o	or avoid t	he following situations?
<ul><li>O 1.</li><li>O 2.</li><li>O 3.</li></ul>		or talking to un	-	ved or e	valuated by others, such as speaking
O 1. O 2. O 3.		ieues or lines, c	s from which it n rowds, bridges o	-	ifficult or embarrassing to escape, transport)
<ul><li>O 1.</li><li>O 2.</li><li>O 3.</li></ul>	Specific o or blood) Never Rarely Sometime Often Nearly alv	S	ons (such as flyi	ng, heigh	its, spiders or other animals, needles