THE BURNS ANXIETY INVENTORY

INSTRUCTIONS: The following is a list of symptoms that people sometimes have. Put a check ( ) in the space to the right that bests describes how much that symptom or problem has bothered you during this past week. **SYMPTOM LIST**	0-NOT AT ALL	1-SOMEWHAT	2-MODERATELY	3-A LOT

CATEGORY I: ANXIOUS FEELINGS

1.	Anxiety, Nervousness, Worry, and Fear	☐	☐	☐	☐
2.	Feeling that things around you are strange, unreal or foggy	☐	☐	☐	☐
3.	Feeling detached from all or part of your body	☐	☐	☐	☐
4.	Sudden unexpected panic spells	☐	☐	☐	☐
5.	Apprehension or a sense of impending doom	☐	☐	☐	☐
6.	Feeling tense, stressed, "uptight," or on edge	☐	☐	☐	☐

CATEGORY II: ANXIOUS THOUGHTS

7.	Difficulty concentrating	☐	☐	☐	☐
8.	Racing thoughts or your mind jumps from one thing to the next.	☐	☐	☐	☐
9.	Frightening fantasies or daydreams	☐	☐	☐	☐
10.	Feeling that you're on the verge of losing control	☐	☐	☐	☐
11.	Fears of cracking up or going crazy	☐	☐	☐	☐
12.	Fears of fainting or passing out	☐	☐	☐	☐
13.	Fears of physical illness or heart attacks or dying	☐	☐	☐	☐
14.	Concerns about looking foolish or inadequate in front of others	☐	☐	☐	☐
15.	Fears of being alone, isolated, or abandoned	☐	☐	☐	☐

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16.	Fears of criticism or disapproval	☐	☐	☐	☐
17.	Fears that something terrible is about to happen	☐	☐	☐	☐

CAEGORY III: PHYSICAL SYMPTOMS

18.	Skipping or racing or pounding of the heart (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:					

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TOTAL SCORE	DEGREE OF ANXIETY	YOUR SCORE
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	

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