

BURN'S ANXIETY INVENTORY

Instructions: Circle the answer that best describes how much that symptom or problem has bothered you during the past seven (7) days.
Rating Scale: 0 - Not at all, 1 - Somewhat, 2 - Moderately, 3 - A lot

Category I: Anxious Feelings

	0	1	2	3
1. Anxiety, nervousness, worry or fear	Not at all	Somewhat	Moderately	A lot
2. Feeling that things around you are strange, unreal or foggy	Not at all	Somewhat	Moderately	A lot
3. Feeling detached from all or part of your body	Not at all	Somewhat	Moderately	A lot
4. Sudden, unexpected panic spells	Not at all	Somewhat	Moderately	A lot
5. Apprehension or a sense of impending doom	Not at all	Somewhat	Moderately	A lot
6. Feeling tense, stressed, "uptight" or on edge	Not at all	Somewhat	Moderately	A lot

Category II: Anxious Thoughts

	0	1	2	3
7. Difficulty Concentrating	Not at all	Somewhat	Moderately	A lot
8. Racing thoughts or having your mind jump from one thing to next	Not at all	Somewhat	Moderately	A lot
9. Frightening fantasies or daydreams	Not at all	Somewhat	Moderately	A lot
10. Feeling that you're on the verge of losing control	Not at all	Somewhat	Moderately	A lot
11. Fears of cracking up or going crazy	Not at all	Somewhat	Moderately	A lot
12. Fears of fainting or passing out	Not at all	Somewhat	Moderately	A lot
13. Fears of physical illness or heart attacks or dying	Not at all	Somewhat	Moderately	A lot
14. Concerns about looking foolish or inadequate in front of others	Not at all	Somewhat	Moderately	A lot
15. Fears of being alone, isolated or abandoned	Not at all	Somewhat	Moderately	A lot
16. Fears of criticism or disapproval	Not at all	Somewhat	Moderately	A lot
17. Fears that something terrible is about to happen	Not at all	Somewhat	Moderately	A lot

Category III: Physical Symptoms

	0	1	2	3
18. Skipping or racing or pounding of the heart	Not at all	Somewhat	Moderately	A lot
19. Pain, pressure or tightness in the chest	Not at all	Somewhat	Moderately	A lot
20. Tingling or numbness in the toes or fingers	Not at all	Somewhat	Moderately	A lot
21. Butterflies or discomfort in the stomach	Not at all	Somewhat	Moderately	A lot
22. Constipation or diarrhea	Not at all	Somewhat	Moderately	A lot
23. Restlessness or jumpiness	Not at all	Somewhat	Moderately	A lot
24. Tight, tense muscles	Not at all	Somewhat	Moderately	A lot
25. Sweating not brought on by heat	Not at all	Somewhat	Moderately	A lot
26. A lump in the throat	Not at all	Somewhat	Moderately	A lot
27. Trembling or shaking	Not at all	Somewhat	Moderately	A lot
28. Rubbery or "jelly" legs	Not at all	Somewhat	Moderately	A lot
29. Feeling dizzy, light-headed or off balance	Not at all	Somewhat	Moderately	A lot
30. Choking or smothering sensations or difficulty breathing	Not at all	Somewhat	Moderately	A lot
31. Headaches or pains in the neck or back	Not at all	Somewhat	Moderately	A lot
32. Hot flashes or cold chills	Not at all	Somewhat	Moderately	A lot
33. Feeling tired, weak or easily exhausted	Not at all	Somewhat	Moderately	A lot

Name _____ Date _____ Total _____

0-4 Minimal or No Anxiety; 5-10 Borderline; 11-20 Mild; 21-30 Moderate; 31-50 Severe; 51-99 Extreme Anxiety or Panic