

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly but not as much	Moderately; it wasn't pleasant at times	Severely; it bothered me a lot.
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness of legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of the worst happening	0	1	2	3
Dizzy or light headed	0	1	2	3
Heart pounding or racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky/unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint/light headed	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sums				

Scoring-Sum up each column. Then sum up the column totals to achieve the total score.

TOTAL SCORE: _____