

THE BURNS ANXIETY INVENTORY

<p>INSTRUCTIONS: The following is a list of symptoms that people sometimes have. Put a check (<input type="checkbox"/>) in the space to the right that best describes how much that symptom or problem has bothered you during this past week.</p> <p style="text-align: center;">SYMPTOM LIST</p>	0-NOT AT ALL	1-SOMEWHAT	2-MODERATELY	3-A LOT
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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				

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:			

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	