

THE BURNS ANXIETY INVENTORY

Name: _____

Date _____

Instructions: The following is a list of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week. Make sure you answer all the questions. If you feel unsure about any, put down your best guess.		0 = Not At All	1 = Somewhat	2 = Moderately	3 = A Lot
Category I: Anxious Feelings					
1	Anxiety, nervousness, worry, or fear				
2	Feeling that things around you are strange or unreal				
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". On edge				
Category II: Anxious Thoughts					
7	Difficulty concentrating				
8	Racing thoughts				
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 illnesses or heart attacks or dying				
14	Concerns about looking foolish or inadequate				
15	Fears of being alone, isolated, or abandoned				
16	Fears of criticism or disapproval				
17	Fears that something terrible is about to happen				
Category III: Physical Symptoms					
18	Skipping, 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				
Total score on items 1-33					

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Total Score	Degree of Anxiety
0-4	Minimal or no anxiety
5-10	Borderline anxiety
11-20	Mild anxiety
21-30	Moderate anxiety
31-50	Severe anxiety