

## 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 0	Mildly but it didn't bother me much. 1	Moderately - it wasn't pleasant at times 2	Severely – it bothered me a lot 3
Numbness or tingling				
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst happening				
Dizzy or lightheaded				
Heart pounding/racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky / unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				
Scared				
Indigestion				
Faint / lightheaded				
Face flushed				
Hot/cold sweats				
<b>Column Sum</b>				

**Scoring** - Sum each column. Then sum the column totals to achieve a grand score.

Write grand score here \_\_\_\_\_ .