

Name \_\_\_\_\_ Date \_\_\_\_\_

## Assessing and Getting Help for Anxiety

### The Burns Anxiety Inventory

**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. If you would like a weekly record of your progress, record your answers on the separate “Answer Sheet” instead of filling in the spaces on the right.

**0 = Not At All**      **2 = Moderately**  
**1 = Somewhat**      **3 = A Lot**

	Symptom List	0	1	2	3
	<b>Category I: Anxious Feelings</b>				
1.	Anxiety, nervousness, worry, or 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.				
	<b>Category II: Anxious Thoughts</b>				
7.	Difficulty concentrating.				
8.	Racing thoughts or having your mind jump 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 illnesses 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.				

	<b>Symptom List</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>Category I: Anxious Feelings</b>				
1.	Anxiety, nervousness, worry, or fear.				
	<b>Category III: Physical Symptoms</b>				
18.	Skipping or racing or pounding of the heart (sometimes called “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, light-headed, 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.				
<b>TOTAL</b>					

Add up your total score for the 33 symptoms and record it here: \_\_\_\_\_  
 Check your score against the *Scoring Key for the Burns Anxiety Inventory* below.

<b>Scoring Key for the Burns Anxiety Inventory</b>	
<b>Total Score</b>	<b>Degree of Anxiety</b>
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

<b>Scoring Key for the Burns Anxiety Inventory</b>	
<b>Total Score</b>	<b>Degree of Anxiety</b>
If your anxiety is above <b>Mild Anxiety</b> , you should take action to protect yourself.	