

Patient's Name _____

THE BURNS ANXIETY INVENTORY

Place a check mark in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.

Category I: Anxious Feelings	0 Not at all	1 Somewhat	2 Moderately	3 A Lot
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" or on edge				
Category II: Anxious Thoughts	0 Not at all	1 Somewhat	2 Moderately	3 A Lot
7. Difficulty concentrating				
8. Racing thoughts				
9. Frightening thoughts				
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				

*Copyright 1984 by David D. Burns, M.D., from Ten Days to Self-Esteem, copyright 1994.

Category III: Physical Symptoms	0 Not at all	1 Somewhat	2 Moderately	3 A lot
18. Skipping, racing or pounding of the heart (palpitations)				
19. Pain, pressure, or tightness in chest				
20. Tingling or numbness of toes and 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				

SCORING KEY FOR THE BURNS ANXIETY INVENTORY

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
51-99	Extreme anxiety or panic