

BECK ANXIETY INVENTORY

NAME: _____ **DATE:** ____/____/____

Below is a list of common symptoms of anxiety. Please read carefully and answer each item on the list. Indicate how much you have been bothered by that symptom during the past month, including today, by entering the number at the top of the column in the appropriate box to the right of symptom.

| Nº | Symptoms | How much you were bothered | | | |
|----|--|-------------------------------------|---------------------------------|--|--|
| | | <i>Nothing 0</i> | <i>Weak 1</i> | <i>Moderate 2</i> | <i>Strong 3</i> |
| | | <i>It did not bother at all</i> | <i>It bothered a little</i> | <i>It bothered me a lot but I could stand it</i> | <i>I almost could not stand it</i> |
| 1 | Numbness or tingling | | | | |
| 2 | Hot sensation | | | | |
| 3 | Wobbly | | | | |
| 4 | Incapable of relaxing | | | | |
| 5 | Fear of the worst happening | | | | |
| 6 | Dizziness or lightheadedness | | | | |
| 7 | Heart pounding or racing | | | | |
| 8 | Restless | | | | |
| 9 | Terrified | | | | |
| 10 | Nervous | | | | |
| 11 | Feeling of suffocation | | | | |
| 12 | Hands trembling | | | | |
| 13 | Trembling | | | | |
| 14 | Fear of losing control | | | | |
| 15 | Difficulty breathing | | | | |
| 16 | Fear of dying | | | | |
| 17 | Frightened | | | | |
| 18 | Indigestion or discomfort in the abdomen | | | | |
| 19 | Fainting | | | | |
| 20 | Red Face | | | | |
| 21 | Sweating (not due to heat) | | | | |