

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)				