

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.

Symptom List

CATEGORY I: ANXIOUS FEELINGS

Symptom List		0 - Not at All	1 - Somewhat	2 - Moderately	3 - A Lot
1.	Anxiety, nervousness, worry, or fear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Feeling that things around you are strange, unreal, or foggy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Feeling detached from all or part of your body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Sudden unexpected panic spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Apprehension or a sense of impending doom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Feeling tense, stressed, "uptight", or on edge,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY II: ANXIOUS THOUGHTS

7.	Difficulty concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Racing thoughts or having your mind jump from one thing to the next.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Frightening fantasies or daydreams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Feeling that you're on the verge of losing control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Fears of cracking up or going crazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Fears of fainting or passing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Fears of physical illnesses or heart attacks or dying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Concerns about looking foolish or inadequate in front of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Fears of being alone, isolated, or abandoned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Fears of criticism or disapproval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Fears that something terrible is about to happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY III: PHYSICAL SYMPTOMS

18.	Skipping or racing or pounding of the heart (sometimes called "palpitations").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Pain, pressure, or tightness in the chest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Tingling or numbness in the toes or fingers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Butterflies or discomfort in the stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Constipation or diarrhea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Restlessness or jumpiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Tight, tense muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Sweating not brought on by heat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	A lump in the throat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CATEGORY III: PHYSICAL SYMPTOMS (*Cont'd.*)

		0 - Not at All	1 - Somewhat	2 - Moderately	3 - A Lot
27.	Trembling or shaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Rubbery or "jelly" legs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Feeling dizzy, lightheaded, or off balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Choking or smothering sensations or difficulty breathing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Headaches or pains in the neck or back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Hot flashes or cold chills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Feeling tired, weak, or easily exhausted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add up your total score for the 33 symptoms and record it here: _____ Date: _____

After you have completed the Burns Anxiety Inventory, add up your total score. It will be somewhere between 0 (if you answered "not at all" on all 33 symptoms) and 99 (if you answered "a lot" on all 33 symptoms). Use this key to interpret your score:

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

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