

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.

**0 = Not At All**

**2 = Moderately**

**1 = Somewhat**

**3 = A Lot**

	<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.	<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"/>
	<b>Category II: Anxious Thoughts</b>				
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"/>
	<b>Category III: Physical Symptoms</b>				
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"/>

		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
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"/>
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, light-headed, 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"/>
	<b>TOTAL:</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If your anxiety is above **Mild Anxiety**, you should take action to protect yourself.