



Family Psychiatry and Therapy

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

Client/Patient Name _____ Date: _____

No.	Response	Not At All	A little bit	Moderately	Extremely
1.	Numbness or tingling	0	1	2	3
2.	Feeling hot	0	1	2	3
3.	Wobbliness in legs	0	1	2	3
4.	Unable to relax	0	1	2	3
5.	Fear of worst happening	0	1	2	3
6.	Dizzy or lightheaded	0	1	2	3
7.	Heart pounding/racing	0	1	2	3
8.	Unsteady	0	1	2	3
9.	Terrified or afraid	0	1	2	3
10.	Nervous	0	1	2	3
11.	Feeling of choking	0	1	2	3
12.	Hands trembling	0	1	2	3
13.	Shaky / unsteady	0	1	2	3
14.	Fear of losing control	0	1	2	3
15.	Difficulty in breathing	0	1	2	3
16.	Fear of dying	0	1	2	3
17.	Scared	0	1	2	3
18.	Indigestion	0	1	2	3
19.	Faint / lightheaded	0	1	2	3
20.	Face flushed	0	1	2	3
21.	Hot/cold sweats	0	1	2	3

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