

Beck Anxiety Inventory

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Name: _____

Date: _____

Below is a list of common symptoms of anxiety. Please indicate how much you have been bothered by each symptom during the PAST WEEK (INCLUDING TODAY) by checking the appropriate box.

	NOT AT ALL 0	MILDLY It did not bother me much 1	MODERATELY It was very unpleasant, but I could stand it 2	SEVERELY I could barely stand it 3
1 Numbness or tingling				
2 Feeling hot				
3 Wobbliness in legs				
4 Unable to relax				
5 Fear of the worst happening				
6 Dizzy or lightheaded				
7 Heart pounding or racing				
8 Unsteady				
9 Terrified				
10 Nervous				
11 Feelings of choking				
12 Hands trembling				
13 Shaky				
14 Fear of losing control				
15 Difficulty breathing				
16 Fear of dying				
17 Scared				
18 Indigestion or discomfort in abdomen				
19 Faint				
20 Face flushed				
21 Sweating not due to heat				

Score: _____

(mld 10-18), (md 19-29)