

Sartell Pediatrics

Beck Anxiety Inventory

18+

Patient Name: _____ DOB: _____ Today's Date: _____

Below is a list of common symptoms of anxiety. Carefully read each item on 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.

| | Not Bothered | Mildly bothered | Moderately bothered, it wasn't pleasant at times | Severely bothered |
|-----------------------------|----------------------|----------------------|--|----------------------|
| Numbness or tingling | 0 | 1 | 2 | 3 |
| Feeling hot | 0 | 1 | 2 | 3 |
| Wobbliness in legs | 0 | 1 | 2 | 3 |
| Unable to relax | 0 | 1 | 2 | 3 |
| Fear of the worst happening | 0 | 1 | 2 | 3 |
| Dizzy or lightheaded | 0 | 1 | 2 | 3 |
| Heart pounding/racing | 0 | 1 | 2 | 3 |
| Unsteady | 0 | 1 | 2 | 3 |
| Terrified or afraid | 0 | 1 | 2 | 3 |
| Nervous | 0 | 1 | 2 | 3 |
| Feeling of choking | 0 | 1 | 2 | 3 |
| Hands trembling | 0 | 1 | 2 | 3 |
| Shaky | 0 | 1 | 2 | 3 |
| Fear of losing control | 0 | 1 | 2 | 3 |
| Difficulty breathing | 0 | 1 | 2 | 3 |
| Fear of dying | 0 | 1 | 2 | 3 |
| Scared | 0 | 1 | 2 | 3 |
| Indigestion | 0 | 1 | 2 | 3 |
| Faint or lightheaded | 0 | 1 | 2 | 3 |
| Face flushed | 0 | 1 | 2 | 3 |
| Hot/cold sweats | 0 | 1 | 2 | 3 |
| Column Sums | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Sum each column then total the sums to achieve a grand score.

Grand Total



| Score | Potential Level of Anxiety |
|--------------|-----------------------------------|
| 0-21 | Low |
| 22-35 | Moderate |
| 36+ | High, Concerning |