

Beck Anxiety Inventory

Ages 7-18

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

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.

	Never	Sometimes	Often	Always
1. I worry someone might hurt me at school.	0	1	2	3
2. My dreams scare me.	0	1	2	3
3. I worry when I am at school.	0	1	2	3
4. I think about scary things.	0	1	2	3
5. I worry people might tease me.	0	1	2	3
6. I am afraid that I will make mistakes.	0	1	2	3
7. I get nervous.	0	1	2	3
8. I am afraid I might get hurt.	0	1	2	3
9. I worry I might get bad grades.	0	1	2	3
10. I worry about the future.	0	1	2	3
11. My hands shake.	0	1	2	3
12. I worry I might go crazy.	0	1	2	3
13. I worry people might get mad at me.	0	1	2	3
14. I worry I might lose control.	0	1	2	3
15. I worry.	0	1	2	3
16. I have problems sleeping.	0	1	2	3
17. My heart pounds.	0	1	2	3
18. I get shaky.	0	1	2	3
19. I am afraid that something bad might happen to me.	0	1	2	3
20. I am afraid that I might get sick.	0	1	2	3
Column Sum				

Scoring – Sum each column. Then sum the column totals to achieve a grand score.

Write that score here _____.

Raw Scores: Ages 7-10

Severity Level	Female	Male
Extremely Elevated	37-60	38-60
Moderately Elevated	28-36	28-37
Mildly Elevated	23-27	23-27
Average	0-22	0-22

Raw Scores: Ages 11-14

Severity Level	Female	Male
Extremely Elevated	33-60	34-60
Moderately Elevated	25-32	24-33
Mildly Elevated	20-24	20-23
Average	0-19	0-19

Raw Scores: Ages 15-18

Severity Level	Female	Male
Extremely Elevated	34-60	30-60
Moderately Elevated	25-33	21-29
Mildly Elevated	20-24	16-20
Average	0-19	0-15