

Beck's Anxiety Inventory

Full name: _____ Date assessed: _____

Instructions: 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 selecting the statement in the corresponding space in the column next to each symptom.

0 - Not at all | 1 - Mildly but it didn't bother me much

2 - Moderately, it wasn't pleasant at times | 3 - Severely, it bothered me a lot

Symptom	0	1	2	3
Numbness or tingling				
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst happening				
Dizzy or lightheaded				
Heart pounding/racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky/unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				
Scared				
Indigestion				
Faint/lightheaded				
Face flushed				
Hot/cold sweats				
Total score:				

Scoring guide

- Not at all = 0
- Mildly but it didn't bother me much = 1
- Moderately - it wasn't pleasant at times = 2
- Severely - it bothered me a lot = 3

Score interpretations

- **0-21:** Low anxiety
- **22-35:** Moderate anxiety
- **36 and above:** Potentially concerning levels of anxiety

Additional comments

Clinician's information

Full name:

Email address:

Contact number:

Signature:

Date signed: