

# THE BURNS ANXIETY INVENTORY

Name:	Date:
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Place a check mark in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.		0 = Not at All	1 = Somewhat	2 = Moderately	3 = A Lot
<b>Category I: Anxious Feelings</b>					
1	Anxiety, nervousness, worry or fear				
2	Feeling that things around you are strange or unreal				
3	Feeling detached from all or part of your body				
4	Sudden unexpected panic spells				
5	Apprehension or a sense of impending doom				
6	Feeling tense, stressed, "uptight" or on edge				
<b>Category II: Anxious Thoughts</b>					
7	Difficulty concentrating				
8	Racing thoughts				
9	Frightening thoughts				
10	Feeling that you're on the verge of losing control				
11	Fears of cracking up or going crazy				
12	Fears of fainting or passing out				
13	Fears of physical illnesses or heart attacks or dying				
14	Concerns about looking foolish or inadequate				
15	Fears of being alone, isolated, or abandoned				
16	Fears of criticism or disapproval				
17	Fears that something terrible is about to happen				
<b>Category III: Physical Symptoms</b>					
18	Skipping, racing or pounding of the heart (palpitations)				
19	Pain, pressure, or tightness in chest				
20	Tingling or numbness of toes and fingers				
21	Butterflies or discomfort in the stomach				
22	Constipation or diarrhea				
23	Restlessness or jumpiness				
24	Tight, tense muscles				
25	Sweating not brought on by heat				
26	A lump in the throat				
27	Trembling or shaking				
28	Rubbery or "jelly" legs				
29	Feeling dizzy, lightheaded or off balance				
30	Choking or smothering sensations or difficulty breathing				
31	Headaches or pains in the neck or back				
32	Hot flashes or cold chills				
33	Feeling tired, weak, or easily exhausted				
<b>Total score for items 1 through 33:</b>					

TOTAL SCORE	DEGREE OF ANXIETY
0-4	Minimal or no anxiety
5-10	Borderline anxiety
11-20	Mild Anxiety
21-30	Moderate Anxiety
31-50	Severe Anxiety
51-99	Extreme Anxiety or Panic

**Thank you for completing the Burn's Anxiety Inventory. If you have concerns about your results and would like to speak with a GTCC counselor, please email: [counselingcenter@gtcc.edu](mailto:counselingcenter@gtcc.edu) or call (336) 334-4822 Ext. 50038 to request an appointment.**