

BAI

Name: _____ Date: _____ Score: _____

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.

- | | | |
|--|---|--|
| A. Numbness or Tingling
0 Not At All
1 Mildly
2 Moderately
3 Severely | H. Unsteady
0 Not At All
1 Mildly
2 Moderately
3 Severely | O. Difficulty in breathing
0 Not At All
1 Mildly
2 Moderately
3 Severely |
| B. Feeling Hot
0 Not At All
1 Mildly
2 Moderately
3 Severely | I. Terrified or afraid
0 Not At All
1 Mildly
2 Moderately
3 Severely | P. Fear of dying
0 Not At All
1 Mildly
2 Moderately
3 Severely |
| C. Wobbliness in legs
0 Not At All
1 Mildly
2 Moderately
3 Severely | J. Nervous
0 Not At All
1 Mildly
2 Moderately
3 Severely | Q. Scared
0 Not At All
1 Mildly
2 Moderately
3 Severely |
| D. Unable to Relax
0 Not At All
1 Mildly
2 Moderately
3 Severely | K. Feeling of choking
0 Not At All
1 Mildly
2 Moderately
3 Severely | R. Indigestion
0 Not At All
1 Mildly
2 Moderately
3 Severely |
| E. Fear of the worst happening
0 Not At All
1 Mildly
2 Moderately
3 Severely | L. Hands trembling
0 Not At All
1 Mildly
2 Moderately
3 Severely | S. Faint / lightheaded
0 Not At All
1 Mildly
2 Moderately
3 Severely |
| F. Dizzy or lightheaded
0 Not At All
1 Mildly
2 Moderately
3 Severely | M. Shaky / unsteady
0 Not At All
1 Mildly
2 Moderately
3 Severely | T. Face flushed
0 Not At All
1 Mildly
2 Moderately
3 Severely |
| G. Heart pounding/racing
0 Not At All
1 Mildly
2 Moderately
3 Severely | N. Fear of losing control
0 Not At All
1 Mildly
2 Moderately
3 Severely | U. Hot / cold sweats
0 Not At All
1 Mildly
2 Moderately
3 Severely |