

The Burns Anxiety Inventory*

Instructions: The following is a list of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week. Make sure you answer all the questions. If you feel unsure about any, put down your best guess.

Symptom List

	0 - NOT AT ALL	1 - SOMEWHAT	2 - MODERATELY	3 - A LOT
<i>CATEGORY I: ANXIOUS FEELINGS</i>				
1. Anxiety, nervousness, worry or fear				
2. Feeling that things around you are strange, unreal, or foggy				
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				
<i>CATEGORY II: ANXIOUS THOUGHTS</i>				
7. Difficulty concentrating				
8. Racing thoughts or having your mind jump from one thing to the next				
9. Frightening fantasies or daydreams				
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 in front of others				
15. Fears of being alone, isolated, or abandoned				
16. Fears of criticism or disapproval				
17. Fears that something terrible is about to happen				
<i>CATEGORY III: PHYSICAL SYMPTOMS</i>				
18. Skipping or racing or pounding of the heart (sometimes called "palpitations")				
19. Pain, pressure or tightness in the chest				
20. Tingling or numbness in the toes or fingers				
21. Butterflies or discomfort in the stomach				
22. Constipation or diarrhea				

Symptom List (continued)

	0 - NOT AT ALL	1 - SOMEWHAT	2 - MODERATELY	3 - A LOT
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				

† Add up your total score for the 33 symptoms and record it here: _____

Date: _____

Name: _____

† Scoring key included on other side. Please refer to this key to determine your degree (if any) of anxiety.

Scoring Key for Anxiety

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

The Burns Depression Checklist *

Instructions: Place a check in the box to the right of each of the 15 symptom clusters to indicate how much this type of feeling has been bothering you in the past several days. Make sure you answer all the questions. If you feel unsure about any, put down your best guess.

	0 - NOT AT ALL	1 - SOMEWHAT	2 - MODERATELY	3 - A LOT
1. Sadness: Have been feeling sad or down in the dumps?				
2. Discouragement: Does the future look hopeless?				
3. Low self-esteem: Do you feel worthless or think of yourself as a failure?				
4. Inferiority: Do you feel inadequate or inferior to others?				
5. Guilt: Do you get self-critical and blame yourself for everything?				
6. Indecisiveness: Do you have trouble making up your mind about things?				
7. Irritability and frustration: Have you been feeling resentful and angry a good deal of the time?				
8. Loss of interest in life: Have you lost interest in your career, your hobbies, your family or your friends?				
9. Loss of Motivation: Do you feel overwhelmed and have to push yourself hard to do things?				
10. Poor self-image: Do you think you're looking old or unattractive?				
11. Appetite Changes: Have you lost your appetite? Or do you overeat or binge compulsively?				
12. Sleep changes: Do you suffer from insomnia and find it hard to get a good night's sleep? Or are you excessively tired and sleeping too much?				
13. Loss of libido: Have you lost your interest in sex?				
14. Hypochondriasis: Do you worry a great deal about your health?				
15. Suicidal impulses† : Do you have thoughts that life is not worth living or think that you might be better off dead?				

‡ Add up your total score for the 15 symptom clusters and record it here: _____

Date: _____

† Anyone with suicidal urges should seek immediate consultation with a qualified psychologist or psychiatrist

‡ Scoring key included on other side. Please refer to this key to determine your degree (if any) of depression.

Scoring Key for Depression

Total Score	Degree of Depression
0 – 4	Minimal or no depression
5 – 10	Borderline depression
11 – 20	Mild depression
21 – 30	Moderate depression
31 – 45	Severe depression