

Beck's Anxiety Inventory

Below is a list of feelings that people may experience. Please read each item in the list carefully. Indicate how much you have been bothered by each feeling in the past **two weeks, including today**, by circling the appropriate number for each item.

	Not at all	Mildly	Moderately	Severely
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in the legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of the worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding or racing	0	1	2	3
Unsteady	0	1	2	3
Terrified	0	1	2	3
Nervous	0	1	2	3
Feelings of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion/discomfort in abdomen	0	1	2	3
Faint	0	1	2	3
Face flushed	0	1	2	3
Sweating (not due to heat)	0	1	2	3