

Burns Anxiety Inventory*

Instructions: Put a check (✓) after each item to indicate how you have been feeling during the past week, including today. **Please answer all 5 items.**

| | 0--Not at all | 1--Somewhat | 2--Moderately | 3--A lot | 4--Extremely |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. Anxious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Frightened | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Worrying about things over and over | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tense or on edge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Nervous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please Total Your Score on Items 1 to 5 Here → | | | | | <input style="width: 100%;" type="text"/> |

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