

## Burns Panic Scale\* (brief version)

**Instructions:** Put a check (✓) after each item to indicate how you have been feeling in the past week, including today.

**Please answer all 5 items.**

	0--Not at all	1--Somewhat	2--Moderately	3--A lot	4--Extremely
1. Sudden feelings of terror or overwhelming fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sudden, terrifying panic attacks that come out of the blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Suddenly feeling you're going crazy or cracking up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Suddenly feeling you are about to suffocate or pass out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suddenly feeling you'll have a stroke, heart attack or die	<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 →**

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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