

THE BURNS ANXIETY INVENTORY

Name:	Date:
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Place a check mark in the box to the right of each category to indicate how much this type of feeling bothered you in the past several days.		0 = Not at All	1 = Somewhat	2 = Moderately	3 = A Lot
Category: Anxious Feelings					
1	Anxiety, nervousness, worry or fear				
2	Feeling that things around you are strange/unreal				
3	Feeling detached from all or part of your body				
4	Sudden unexpected panic spells				
5	Apprehension or a sense of impending doom				
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21	Butterflies or discomfort in the stomach				
22	Constipation or diarrhea				
23	Restlessness or jumpiness				

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

Thank you for completing the Burn's Anxiety Inventory. If you have concerns about your results and would like to speak with a GTCC counselor, please email: counselingcenter@gtcc.edu or call (336) 334-8222 Ext. 50038 to request an appointment.