

Beck Anxiety Inventory (BAI)

Patient Name: _____ Date: _____

*Instructions: Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by that symptom **during the past month**, including today, by circling the number in the corresponding column.*

Symptom	Not at All (0)	Mildly (1)	Moderately (2)	Severely (3)
1. Numbness or tingling	0	1	2	3
2. Feeling hot	0	1	2	3
3. Wobbliness in legs	0	1	2	3
4. Unable to relax	0	1	2	3
5. Fear of worst happening	0	1	2	3
6. Dizzy or lightheaded	0	1	2	3
7. Heart pounding/racing	0	1	2	3
8. Unsteady	0	1	2	3
9. Terrified or afraid	0	1	2	3
10. Nervous	0	1	2	3
11. Feeling of choking	0	1	2	3
12. Hands trembling	0	1	2	3
13. Shaky / unsteady	0	1	2	3
14. Fear of losing control	0	1	2	3
15. Difficulty in breathing	0	1	2	3
16. Fear of dying	0	1	2	3
17. Scared	0	1	2	3
18. Indigestion	0	1	2	3
19. Faint / lightheaded	0	1	2	3
20. Face flushed	0	1	2	3
21. Hot/cold sweats	0	1	2	3



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Scoring Key

Sum the values for all 21 items to get the Total Score (Range: 0–63).

- 0–7: Minimal Anxiety
- 8–15: Mild Anxiety
- 16–25: Moderate Anxiety
- 26–63: Severe Anxiety

CBT Clinical Integration

- Subjective/Cognitive: (Items 4, 5, 9, 10, 14, 16, 17) — Helpful for identifying catastrophic thinking.
- Autonomic/Somatic: (Items 1, 2, 3, 6, 7, 8, 11, 12, 13, 15, 18, 19, 20, 21) — Helpful for identifying physiological arousal that may require grounding or breathing techniques.