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Southern California Pulmonary & Sleep Disorders Medical Center

Ronald A. Popper MD, FAASM, DABSM, Medical Director

Phone (805) 557-9930 Fax (805) 557-9940 Website: www.sleepmd4u.com

2230 Lynn Road, Ste. 101, Thousand Oaks, CA 91360

Name: _____ DOB _____ DATE _____

Beck Anxiety Inventory

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

SYMPTOMS	Not At All	Mildly but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or Tingling	0	1	2	3
Feeling Hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or Lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or Afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands Trembling	0	1	2	3
Shaky / Unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / Lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / Cold Sweats	0	1	2	3
TOTAL SCORE FOR EACH COLUMN				

TOTAL SCORE = _____