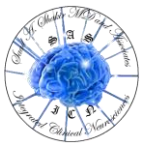


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**INTEGRATED CLINICAL NEUROSCIENCES and SILICON VALLEY TMS**

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**BURN'S ANXIETY INVENTORY**

*Instructions: Circle the answer that best describes how much that symptom or problem has bothered you during the past seven (7) days.*

<b>Category I: Anxious Feelings</b>	Not at all	Somewhat	Moderately	A lot
1. Anxiety, nervousness, worry or fear	0	1	2	3
2. Feeling that things around you are strange, unreal or foggy	0	1	2	3
3. Feeling detached from all or part of your body	0	1	2	3
4. Sudden, unexpected panic spells	0	1	2	3
5. Apprehension or a sense of impending doom	0	1	2	3
6. Feeling tense, stressed, "uptight" or on edge	0	1	2	3
<b>Category II: Anxious Thoughts</b>				
7. Difficulty Concentrating	0	1	2	3
8. Racing thoughts or having your mind jump from one thing to next	0	1	2	3
9. Frightening fantasies or daydreams	0	1	2	3
10. Feeling that you're on the verge of losing control	0	1	2	3
11. Fears of cracking up or going crazy	0	1	2	3
12. Fears of fainting or passing out	0	1	2	3
13. Fears of physical illness or heart attacks or dying	0	1	2	3
14. Concerns about looking foolish or inadequate in front of others	0	1	2	3
15. Fears of being alone, isolated or abandoned	0	1	2	3
16. Fears of criticism or disapproval	0	1	2	3
17. Fears that something terrible is about to happen	0	1	2	3
<b>Category III: Physical Symptoms</b>				
18. Skipping or racing or pounding of the heart	0	1	2	3
19. Pain, pressure or tightness in the chest	0	1	2	3
20. Tingling or numbness in the toes or fingers	0	1	2	3
21. Butterflies or discomfort in the stomach	0	1	2	3
22. Constipation or diarrhea	0	1	2	3
23. Restlessness or jumpiness	0	1	2	3
24. Tight, tense muscles	0	1	2	3
25. Sweating not brought on by heat	0	1	2	3
26. A lump in the throat	0	1	2	3
27. Trembling or shaking	0	1	2	3
28. Rubbery or "jelly" legs	0	1	2	3
29. Feeling dizzy, light-headed or off balance	0	1	2	3
30. Choking or smothering sensations or difficulty breathing	0	1	2	3
31. Headaches or pains in the neck or back	0	1	2	3
32. Hot flashes or cold chills	0	1	2	3
33. Feeling tired, weak or easily exhausted	0	1	2	3
Add Column:				

Name \_\_\_\_\_ Date \_\_\_\_\_ Total \_\_\_\_\_

0-4 Minimal or No Anxiety; 5-10 Borderline; 11-20 Mild; 21-30 Moderate; 31-50 Severe; 51-99 Extreme Anxiety or Panic

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