

Patient Name: _____ MR#: _____

BAI - SCREENING TEST FOR ANXIETY

The **Beck Anxiety Inventory (BAI)** is a screening device created by Aaron T. Beck, MD, as a guide for assessing the severity of symptoms of anxiety. Having a patient fill out the inventory can serve as an important communication and diagnostic aid, since patients with anxiety may be hesitant to disclose their symptoms.

Instructions:

- Instruct your patients to circle the number in the column that most closely matches how much they have been bothered by each symptom^s in the past week, including today.
- The inventory estimates the overall severity of anxiety experienced by the patient, according to the categories shown in the table below. It is recommended that the physician tally the score.
- A high score alone does not determine that a patient has an anxiety disorder but indicates that a more detailed evaluation should be performed. Other aspects of psychological functioning exhibited by the patient should be considered, such as any comorbid symptoms of depression. In addition, a patient with predominately somatic complaints may be suffering from an undetected medical condition.

Interpreting BAI Scores:

Raw Score	Descriptive Category
0 - 7	Minimal level of anxiety symptoms reported
8 - 15	Mild level of anxiety symptoms reported
16 - 25	Moderate level of anxiety symptoms reported
26 - 63	Severe level of anxiety symptoms reported

Aaron T. Beck, MD, is a University Professor Emeritus in the Department of Psychiatry at the University of Pennsylvania School of Medicine and Director of its Psychopathology Research Unit. The recipient of many professional awards for his research in psychiatry Dr. Beck has authored or co-authored more than 300 articles and 10 books on the diagnosis and management of anxiety, phobias, panic and depression and on cognitive therapy for these and other disorders.

Instructions: Indicate how much you have been bothered by each symptom during the past week, including today, by circling the number in the column that most clearly corresponds to how you've been feeling.

NOT AT ALL	MILDLY It did not bother me much.	MODERATELY It was very unpleasant but I could stand it.	SEVERELY I could barely stand it.
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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 the worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding or racing	0	1	2	3
Unsteady	0	1	2	3
Terrified	0	1	2	3
Nervous	0	1	2	3
Feelings of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion or discomfort in abdomen	0	1	2	3
Faint	0	1	2	3
Face flushed	0	1	2	3
Sweating (not due to heat)	0	1	2	3

Total Score:

Therapist's Signature

DATE