

# B.A.I.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** The following is a list of symptoms that people sometimes have. Mark the appropriate number in the space to the right that best describes how much that symptom or problem has bothered you during the past week.

CATEGORY I: ANXIOUS FEELINGS	0 - not at all	1- somewhat	2-Moderately	3-A Lot
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 sense of impending doom				
6. Feeling tense, stressed. "uptight," or on edge				

CATEGORY II: ANXIOUS THOUGHTS	0-not at all	1- somewhat	2-Moderately	3-A Lot
7. Difficulty concentrating				
8. Racing thoughts or having your mind jump from one thing to the next				
9. Frightening fantasies or daydreams				
10. Feeling that you're on the verge of losing control				
11. Fears of cracking up or going crazy				
12. Fears of fainting or passing out				
13. Fears of physical illnesses or heart attacks and dying				
14. Concerns about looking foolish or inadequate in front of others				
15. Fears of being alone, isolated, or abandoned				
16. Fears of criticism or disapproval				
17. Fears that something terrible is about to happen				
18. Skipping or racing or pounding of the heart(sometimes called palpitations)				
19. Pain, pressure, or tightness in the chest				
20. Tingling or numbness in the toes or fingers				
21. Butterflies or discomfort in the stomach				
22. Constipation or diarrhea				
23. Restlessness or jumpiness				
24. Tight, tense muscles				
25. Sweating not brought on by heat				
26. A lump in throat				
27. Trembling or shaking				
28. Rubbery or "jelly" legs				
29. Feeling dizzy, lightheaded, or off balance				
30. Choking or smothering sensations or difficulty breathing				
31. Headaches or pains in the neck or back				
32. Hot flashes or cold chills				
33. Feeling tired, weak, or easily exhausted				

STOP HERE