Name			

Date _____

BURNS ANXIETY CHECKLIST

Instructions: The following is a list of symptoms that people sometimes have.

Circle the number that best describes how much that symptom or problem has bothered you in the past week.

Circle the number that best describes now inden that symptom or problem	nas botheree	ı you iii ti	ic past week.	
ANXIOUS FEELINGS	Not At All	A Little	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
ANXIOUS THOUGHTS				
7. Difficulty concentrating.	0	1	2	3
8. Racing thoughts or having your mind jump from one thing to the 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 illnesses 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
PHYSICAL SYMPTOMS				
18. Skipping, 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, lightheaded, 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