

COURTESY OF:



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Beck Anxiety Scale

Date: _____

		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.)
1	Difficulty breathing	0	1	2	3
2	Difficulty sleeping at night	0	1	2	3
3	Dizzy or lightheaded	0	1	2	3
4	Face flushed	0	1	2	3
5	Faint	0	1	2	3
6	Fear of dying	0	1	2	3
7	Fear of losing control	0	1	2	3
8	Fear of the worst happening	0	1	2	3
9	Feeling hot	0	1	2	3
10	Feelings of choking	0	1	2	3
11	Hands trembling	0	1	2	3
12	Heart pounding or racing	0	1	2	3
13	Indigestion or discomfort in abdomen	0	1	2	3
14	Nervous	0	1	2	3
15	Numbness or tingling	0	1	2	3
16	On edge	0	1	2	3
17	Racing thoughts	0	1	2	3
18	Shaky	0	1	2	3
19	Sweating (not due to heat)	0	1	2	3
20	Terrified	0	1	2	3
21	Unable to relax	0	1	2	3
22	Unsteady	0	1	2	3
23	Wobbliness in legs	0	1	2	3

Total Score:

0-16=mild anxiety
17 -30=moderate anxiety
31 and above=severe anxiety