

OM COUNSELING ASSESSMENT FOR BURNS ANXIETY INVENTORY

Instructions: Choose the best answer for how the client has felt over the past week, including today.
Mark the answer that best describes how much that symptom or problem has bothered the client.

0 = Not at all 1 = Somewhat 2 = Moderately 3 = A lot

Category 1: Anxious Feelings

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 sense of impending doom	0	1	2	3
6. Feeling tense, stressed, "uptight", or on edge	0	1	2	3

Category II: 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

Category III: Physical Symptoms

18. Skipping or racing or pounding of the heart (sometimes called palpitations)	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

Scoring: In order to obtain an appropriate BAI rating, calculate the sum of all the circled numbers; and write in the BAI Rating Box to the right

BAI RATING

0-4	Minimal or no anxiety	21-30	Moderate anxiety
5-10	Borderline anxiety	31-50	Severe Anxiety
11-20	Mild Anxiety	51-99	Extreme anxiety or panic

A score of 21 or above indicates the need for an Anxiety Treatment Plan

Signature of Interviewer

Date

Time