**Attachment D11**

**Beck Anxiety**

Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/20xx

Beck Anxiety

II.Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the **PAST WEEK** by marking an **“X”** in the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | During the **PAST WEEK** | **Not at all**  (1) | **Did not bother me much**  (2) | **Moderately**  (3) | **Severely**  (4) |
| 1 | Numbness or tingling | □ | □ | □ | □ |
| 2 | Feeling hot | □ | □ | □ | □ |
| 3 | Wobbliness in legs | □ | □ | □ | □ |
| 4 | Unable to relax | □ | □ | □ | □ |
| 5 | Fear of the worst happening | □ | □ | □ | □ |
| 6 | Dizzy or lightheaded | □ | □ | □ | □ |
| 7 | Heart pounding or racing | □ | □ | □ | □ |
| 8 | Unsteady | □ | □ | □ | □ |
| 9 | Terrified | □ | □ | □ | □ |
| 10 | Nervous | □ | □ | □ | □ |
| 11 | Feelings of choking | □ | □ | □ | □ |
| 12 | Hands trembling | □ | □ | □ | □ |
| 13 | Shaky | □ | □ | □ | □ |
| 14 | Fear of losing control | □ | □ | □ | □ |
| 15 | Difficulty breathing | □ | □ | □ | □ |
| 16 | Fear of dying | □ | □ | □ | □ |
| 17 | Scared | □ | □ | □ | □ |
| 18 | Indigestion or discomfort in abdomen | □ | □ | □ | □ |
| 19 | Faint | □ | □ | □ | □ |
| 20 | Face flushed | □ | □ | □ | □ |
| 21 | Sweating (not due to heat) | □ | □ | □ | □ |

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