

Patient Name	
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Today's Date	
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Please click on the boxes to fill out relevant fields in below cited forms

<b>Form 2: Beck Anxiety Inventory (BAI)</b>					
Sr.	Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by inserting check mark (✓) in the corresponding space in the column next to each symptom.	Not At All	Mildly but It didn't bother me much	Moderately – It wasn't pleasant at times	Severely – It bothered me a lot
1	Numbness or tingling				
2	Feeling hot				
3	Wobbliness in legs				
4	Unable to relax				
5	Fear of worst happening				
6	Dizzy or lightheaded				
7	Heart pounding/racing				
8	Unsteady				
9	Terrified or afraid				
10	Nervous				
11	Feeling of choking				
12	Hands trembling				
13	Shaky / unsteady				
14	Fear of losing control				
15	Difficulty in breathing				
16	Fear of dying				
17	Scared				
18	Indigestion				
19	Faint / lightheaded				
20	Face flushed				
21	Hot/cold sweats				
<b>Score</b> (Please count the tick marks (✓) in each column and write down the result)					