

Beck Anxiety Inventory

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 circling the number in the corresponding space in the column next to each symptom.

| | | Not At All | Mildly – It didn't bother me much | Moderately – It wasn't pleasant at times | Severely – It bothered me a lot |
|----|-------------------------|------------|---|--|---------------------------------------|
| 1 | Numbness or tingling | 0 | 1 | 2 | 3 |
| 2 | Feeling hot | 0 | 1 | 2 | 3 |
| 3 | Wobbliness in legs | 0 | 1 | 2 | 3 |
| 4 | Unable to relax | 0 | 1 | 2 | 3 |
| 5 | Fear of worst happening | 0 | 1 | 2 | 3 |
| 6 | Dizzy or lightheaded | 0 | 1 | 2 | 3 |
| 7 | Heart pounding/racing | 0 | 1 | 2 | 3 |
| 8 | Unsteady | 0 | 1 | 2 | 3 |
| 9 | Terrified or afraid | 0 | 1 | 2 | 3 |
| 10 | Nervous | 0 | 1 | 2 | 3 |
| 11 | Feeling of choking | 0 | 1 | 2 | 3 |
| 12 | Hands trembling | 0 | 1 | 2 | 3 |
| 13 | Shaky / unsteady | 0 | 1 | 2 | 3 |
| 14 | Fear of losing control | 0 | 1 | 2 | 3 |
| 15 | Difficulty in breathing | 0 | 1 | 2 | 3 |
| 16 | Fear of dying | 0 | 1 | 2 | 3 |
| 17 | Scared | 0 | 1 | 2 | 3 |
| 18 | Indigestion | 0 | 1 | 2 | 3 |
| 19 | Faint / lightheaded | 0 | 1 | 2 | 3 |
| 20 | Face flushed | 0 | 1 | 2 | 3 |
| 21 | Hot/cold sweats | 0 | 1 | 2 | 3 |

Test de Beck de Ansiedad

Abajo hay una lista de los síntomas comunes de la ansiedad. Favor de leer cada síntoma con mucho cuidado. Indique cuánto le ha molestado cada síntoma durante LA SEMANA PASADA, INCLUYENDO EL DÍA DE HOY, marcando con una X el espacio adecuado en la columna, al lado de cada síntoma.

| | | NADA | LEVEMENTE No me molesto mucho | MODERADAMENTE Fue muy desagradable pero lo pude aguantar | SEVERAMENTE Casi no pude aguantar |
|----|---|------|----------------------------------|---|--------------------------------------|
| 1 | Adormecimiento, hormigueo. | 0 | 1 | 2 | 3 |
| 2 | Sensación de calor | 0 | 1 | 2 | 3 |
| 3 | Temblor de las piernas | 0 | 1 | 2 | 3 |
| 4 | No me puedo relajar. | 0 | 1 | 2 | 3 |
| 5 | Temor de que va a suceder lo peor | 0 | 1 | 2 | 3 |
| 6 | Mareos | 0 | 1 | 2 | 3 |
| 7 | El corazón me brinca o me late muy rápido | 0 | 1 | 2 | 3 |
| 8 | Inestable | 0 | 1 | 2 | 3 |
| 9 | aterrorizado | 0 | 1 | 2 | 3 |
| 10 | Nervioso | 0 | 1 | 2 | 3 |
| 11 | Sensaciones de ahogo | 0 | 1 | 2 | 3 |
| 12 | Temblor en las manos | 0 | 1 | 2 | 3 |
| 13 | Temblorosa | 0 | 1 | 2 | 3 |
| 14 | Temor de perder control | 0 | 1 | 2 | 3 |
| 15 | Dificultad para respirar | 0 | 1 | 2 | 3 |
| 16 | Temor de morir | 0 | 1 | 2 | 3 |
| 17 | Asustado | 0 | 1 | 2 | 3 |
| 18 | Indigestión o malestar estomacal | 0 | 1 | 2 | 3 |
| 19 | Me siento débil | 0 | 1 | 2 | 3 |
| 20 | Sonrojado | 0 | 1 | 2 | 3 |
| 21 | Sudor (no por el calor) | 0 | 1 | 2 | 3 |