## **Burns Anxiety Inventory\***

Name	Date of Test:					
DOB:	······································					
INSTR	UCTIONS:				Ţ	
	the appropriate box with an X to answer each question.	_   _	±	<u>₹</u>		
	be honest and be sure to answer all questions on the page.	atall	1 =	ate		
Indica	te how much each of the following symptoms has been bothering you in the past	) to	5	<u>=</u>	۱ ــ	
	ıl days.	Not	Somewhat	Moderately	A lot	
				i —	<	
		6	+	2-	က်	
CATEG	ORY I: ANXIOUS FEELINGS					
1	Anxiety, nervousness, worry or fear		1	ļ	T	
2	Feeling things around you are strange or foggy		1			
3	Feeling detached from all or part of your body			ĺ		
4	Sudden unexpected panic spells					
5	Apprehension or a sense of impending doom			<u> </u>		
6	Feeling tense, stress, "uptight" or on edge				<u></u>	
CATEG	ORY II: ANXIOUS THOUGHTS					
7	Difficulty concentrating				T	
8	Racing thoughts					
9			T			
10					1	
11					T	
12						
13						
14						
15			L			
16						
17		:				
18				1	T	
19				1	1	
20				1		
21	**************************************			1		
22						
23						
24				T		
25						
26						
27						
28						
29						
30 31	Headaches or painting sensations or difficulty breathing					
32						
33						
	reening tireu, weak, or easily exhausted					
		Office Us	e Only	Š.		
		Score:				
		Test #:			-	
	Frightening fantasies or daydreams Feeling on the verge of losing control Fears of cracking up or going crazy Fears of fainting or passing out Fears of illnesses, heart attacks, or dying Fears of looking foolish in front of others Fears of being alone, isolated or abandoned fears of criticism or disapproval Fears that something terrible will happen GORY II: PHYSICAL SYMPTOMS Skipping, racing or pounding of the heart Pain, pressure or tightness of the chest Tingling or numbness in the toes or fingers Butterflies or discomfort in the stomach Constipation or diarrhea Restlessness or jumplness Tight, tense muscles Sweating not brought on by heat A lump in the throat Trembling or shaking Rubbery or "jelly" legs Feeling dizzy, lightheaded, or off balance Choking or smothering sensations or difficulty breathing Headaches or pains in the neck or back Hot flashes or cold chills Feeling tired, weak, or easily exhausted	1 C3L #				

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## THE BURNS DEPRESSION INVENTORY

som desc	FRUCTIONS: The following is a list of symptoms that people etimes have. Put a check ( ) in the space to the right that bests cribes how much that symptom or problem has bothered you ng this past week.	0-NOT AT ALL	1-SOMEWHAT	2-MODERATELY	3-A LOT
	SYMPTOM LIST				
1.	SADNESS: Have you been feeling sad or down in the dumps?				
2.	DISCOURAGEMENT: Does the future look hopeless?				
3.	LOW SELF ESTEEM: Do you feel worthless or think of yourself as a failure?				
4.	INFERIORITY: Do you feel inadequate or inferior to others?				
5.	<b>GUILT:</b> Do you get self-critical and blame yourself for everything?				
6.	<b>INDECISIVENESS:</b> Do you have trouble making up your mind about things?				
7.	IRRITABILITY AND FRUSTRATION: Have you been feeling resentful and angry a good deal of the time?				
8.	LOSS OF INTEREST IN LIFE: Have you lost interest in your career, your hobbies, your family, or your friends?				
9.	LOSS OF MOTIVATION: Do you feel overwhelmed and have to push yourself hard to do things?				
10.	POOR SELF-IMAGE: Do you think you're looking old or unattractive?				
11.	APPETITE CHANGES: Have you lost your appetite? Or do you overeat or binge compulsively?				
12.	SLEEP CHANGES: Do you suffer from insomnia and find it hard to get a good night's sleep? Or are you excessively tired and sleeping too much?				
13.	LOSS OF LIBIDO: Have you lost your interest in sex?				
14.	HYPOCHONDRIASIS: Do you worry a great deal about your health?				
15.	SUICIDAL IMPULSES: Do you have thoughts that life is not worth living or that you might be better off dead?				
	Add up your total score for the 33 symptoms and record it here.				
	DATE:				

## **RELATIONSHIP SATISFACTION SCALE\***

Place a check ( $\sqrt{\ }$ ) in the box to the right of each category that best describes the amount of satisfaction you feel in your closest relationship.

	0 Very Dissatisfied	1 Moderately Dissatisfied	2 Slightly Dissatisfied	3 Neutral	4 Slightly Satisfied	5 Moderately Satisfied	6 Very Satisfied
Communication and openness	4						
2. Resolving conflicts and arguments					reducing a rap of a grap a grap of gra		
3. Degree of affection and caring					official to promote a market major m		
4. Intimacy and closeness	-						
5. Satisfaction with your role in the relationship					and the state of t		
6. Satisfaction with the other person's role							
7. Overall satisfaction with your relationship	-						
Total sc	ore on item	ıs 1–7 —	<b>&gt;</b>				

**Note:** Although this test assesses your marriage or most intimate relationship, you can also use it evaluate your relationship with a friend, family member, or colleague. If you do not have any intimate relationships at this time, you can simply think of people in general when you take the test.

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