

Beck Anxiety–Style Inventory (BAI-Aligned)

Purpose: Deep anxiety severity assessment

Focus: Somatic (physical) + cognitive anxiety

Time frame: *Past 7 days*

Length: 21 items

Use case: After GAD-7 / clinician referral

Instruction to user:

Below is a list of common physical and emotional anxiety symptoms. For each statement, choose the option that best describes **how much it bothered you during the past week**, including today.

Scoring Rule (Applies to ALL Items)

Each question has **4 sentence-based options**:

- **0** – I did not experience this symptom at all.
 - **1** – This symptom bothered me mildly.
 - **2** – This symptom bothered me moderately.
 - **3** – This symptom bothered me severely.
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21-Item Questionnaire (Somatic + Cognitive)

Q1. Numbness or tingling sensations

- **0** – I did not experience numbness or tingling.
 - **1** – I experienced it mildly.
 - **2** – I experienced it moderately.
 - **3** – I experienced it severely.
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Q2. Feeling unusually hot

- **0** – I did not feel unusually hot.
 - **1** – I felt unusually hot mildly.
 - **2** – I felt unusually hot moderately.
 - **3** – I felt unusually hot severely.
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Q3. Wobbliness or unsteadiness in legs

- **0** – I felt steady on my feet.
 - **1** – I felt slightly unsteady.
 - **2** – I felt noticeably unsteady.
 - **3** – I felt extremely unsteady.
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Q4. Difficulty relaxing

- **0** – I was able to relax normally.
 - **1** – I had mild difficulty relaxing.
 - **2** – I had moderate difficulty relaxing.
 - **3** – I could not relax at all.
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Q5. Fear of something terrible happening

- **0** – I did not feel this fear.
 - **1** – I felt this fear mildly.
 - **2** – I felt this fear moderately.
 - **3** – I felt this fear intensely.
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Q6. Dizziness or lightheadedness

- **0** – I did not feel dizzy.
 - **1** – I felt mildly dizzy.
 - **2** – I felt moderately dizzy.
 - **3** – I felt severely dizzy.
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Q7. Heart pounding or racing

- **0** – My heart felt normal.
 - **1** – My heart raced mildly.
 - **2** – My heart raced noticeably.
 - **3** – My heart raced intensely.
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Q8. Feeling shaky or trembling

- **0** – I did not feel shaky.
 - **1** – I felt mildly shaky.
 - **2** – I felt moderately shaky.
 - **3** – I felt severely shaky.
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Q9. Feeling unsteady or off balance

- **0** – I felt steady.
 - **1** – I felt mildly off balance.
 - **2** – I felt moderately off balance.
 - **3** – I felt extremely off balance.
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Q10. Feeling nervous

- **0** – I did not feel nervous.
 - **1** – I felt mildly nervous.
 - **2** – I felt moderately nervous.
 - **3** – I felt extremely nervous.
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Q11. Feeling like choking

- **0** – I did not have choking sensations.
 - **1** – I had mild choking sensations.
 - **2** – I had moderate choking sensations.
 - **3** – I had severe choking sensations.
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Q12. Hands trembling

- **0** – My hands did not tremble.
 - **1** – My hands trembled slightly.
 - **2** – My hands trembled moderately.
 - **3** – My hands trembled severely.
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Q13. Feeling faint

- **0** – I did not feel faint.
 - **1** – I felt mildly faint.
 - **2** – I felt moderately faint.
 - **3** – I felt extremely faint.
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Q14. Fear of losing control

- **0** – I did not fear losing control.
 - **1** – I had mild fear of losing control.
 - **2** – I had moderate fear of losing control.
 - **3** – I had intense fear of losing control.
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Q15. Difficulty breathing

- **0** – My breathing felt normal.
 - **1** – I had mild breathing difficulty.
 - **2** – I had moderate breathing difficulty.
 - **3** – I had severe breathing difficulty.
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Q16. Fear of dying

- **0** – I did not fear dying.
- **1** – I had mild fear of dying.
- **2** – I had moderate fear of dying.
- **3** – I had intense fear of dying.

High-severity anxiety indicator (panic-linked)

Q17. Feeling scared

- **0** – I did not feel scared.
 - **1** – I felt mildly scared.
 - **2** – I felt moderately scared.
 - **3** – I felt extremely scared.
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Q18. Indigestion or stomach discomfort

- **0** – I did not have stomach discomfort.
 - **1** – I had mild discomfort.
 - **2** – I had moderate discomfort.
 - **3** – I had severe discomfort.
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Q19. Feeling faint or lightheaded again

- **0** – I did not feel faint.
 - **1** – I felt mildly faint.
 - **2** – I felt moderately faint.
 - **3** – I felt severely faint.
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Q20. Face flushing

- **0** – I did not experience face flushing.
 - **1** – I experienced mild flushing.
 - **2** – I experienced moderate flushing.
 - **3** – I experienced severe flushing.
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Q21. Sweating (not due to heat or exercise)

- **0** – I did not sweat unusually.
 - **1** – I had mild sweating.
 - **2** – I had moderate sweating.
 - **3** – I had severe sweating.
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Scoring Logic

Total Score = Sum of all 21 items

Range = 0 – 63

Severity Interpretation (BAI Standard)

Score Anxiety Level

0–7 Minimal

8–15 Mild

16–25 Moderate

26–63 Severe

AI Safety & Usage Rules

- Strong **somatic anxiety emphasis** (panic, physical symptoms)
 - Not a diagnosis
 - Best used **after GAD-7 ≥ 10**
 - Combine with **medical rule-outs** if somatic scores are very high
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Panel-Ready One-Liner

“Our Beck Anxiety–style assessment allows the AI to quantify both physical and cognitive anxiety symptoms and identify high-severity panic indicators that require human evaluation.”