Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

 \_\_\_Not at all

Feeling nervous, anxious or on edge? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day

 \_\_\_Not at all

Not being able to stop or control worrying? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day

 \_\_\_Not at all

Worrying too much about different things? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day

 \_\_\_Not at all

Trouble relaxing? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day

 \_\_\_Not at all

Being so restless that it’s hard to sit still? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day

 \_\_\_Not at all

Being easily annoyed or irritable? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day

\_\_\_Not at all

Feeling afraid as if something awful might happen? \_\_\_Several days

 \_\_\_More than half the days

 \_\_\_Nearly every day