

Questionnaire

** indicates a required field*

*** 1. Feeling nervous, anxious, or on edge.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** 2. Not being able to stop or control worrying.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** 3. Worrying too much about different things.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** 4. Trouble relaxing.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** 5. Being so restless that it's hard to sit still.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** 6. Becoming easily annoyed or irritable.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** 7. Feeling afraid as if something awful might happen.**

- Not at all (0)
- Several days (1)
- Over half the days (2)
- Nearly every day (3)

*** If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult