DŜyŜNJI-fΛÎŜŘ ! yÈΛŜűè 5ΛǎƧNJŘŜNJ πT
óD ! 5πTÚ

Name: Date: D.O.B:

Over the last 2 weeks, how often have you been bothered by any of the following problems? ***(Select button to indicate your answer)***	**Not at all (0)**	**Several days (1)**	**More than half the days (2)**	**Nearly every day (3)**
1. Feeling nervous, anxious, or on edge	○	○	○	○
2. Not being able to stop or control worrying	○	○	○	○
3. Worrying too much about different things	○	○	○	○
4. Trouble relaxing	○	○	○	○
5. Being so restless that it is hard to sit still	○	○	○	○
6. Becoming easily annoyed or irritable	○	○	○	○
7. Feeling afraid, as if something awful might happen	○	○	○	○

Total Score = 0

If you checked off <u>any</u> problems, how <u>difficult</u> have these problems 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**
○	○	○	○

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Internal Medicine 2006 166:1092-1097.

Clear Form