

Client Name: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling asleep, staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that you are a failure or have let yourself or your family down				
Trouble concentrating on things such as working, reading or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead or of hurting yourself in some way				

If you checked any of the boxes above, how difficult have they made it for you to do your job, take care of things at home, or get along with other people?

Not difficult at all () Somewhat difficult () Very difficult () Extremely difficult ()

How long do you think that these symptoms have persisted? _____

() Yes () No Do you experience excessive worry?

() Yes () No Is your worry excessive in intensity, frequency, or amount of distress it causes?

() Yes () No Do you find it difficult to control the worry (or stop worrying) once it starts?

() Yes () No Do you worry excessively or uncontrollably about minor things such as being late for an appointment, minor repairs, homework, etc?

Please list the most frequent topics about which you worry excessively on the lines below

hh _____

() Yes () No During the last six months, have you been bothered by excessive worries more days than not?

During the past six months, have you often been bothered by any of the following symptoms?

	Not At All	A Little	Moderately	Quite A Lot	Extremely
Restlessness or feeling keyed up or on edge					
Irritability					
Difficulty falling/staying asleep or restless/unsatisfying sleep					
Being easily fatigued					
Difficulty concentrating or mind going blank					
Muscle tension					

	None	Mild	Moderate	Severe	Very Severe
How much do worry and physical symptoms interfere with your life, work, social activities, family, etc?					
How much are you bothered by worry and physical symptoms (how much distress does it cause you)?					

