

## Q - Generic - Gad7 Anxiety

Record ID

\_\_\_\_\_

### Questionnaire - Metadata

Session ID

\_\_\_\_\_

Questionnaire Started At

\_\_\_\_\_

Questionnaire Completed At

\_\_\_\_\_

Questionnaire Duration (seconds)

\_\_\_\_\_

### Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid, as if something awful might happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How difficult have they 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