

Anxiety Questionnaire

Name: _____ Date of birth: _____

Over the last 2 weeks, how often have you been bothered by the following problems?
(Check only one per row)

0) Not at all	1) Several Days	2) More than half the days	3) Nearly every day
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Feeling nervous, anxious or on edge

Not being able to stop or control worrying

Worrying too much about different things

Trouble relaxing

Being so restless that it is hard to sit still

Becoming easily annoyed or irritable

Feeling afraid, as if something awful might happen

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

Not at all difficult

Somewhat difficult

Very difficult

Extremely difficult

Form Instructions

Please return your completed form to Sharp Rees-Stealy in one of the following ways:

- Email* it to srs.forms@sharp.com
- Bring it with you at the time of your appointment

*Your privacy is important to us. Please use the email option if you have a personal email account that only you can access.