NAME: _____

Date: ____/ ____/ _____

Optimae
BEHAVIORAL HEALTH SERVICES

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 the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add Columns	0	0 +	0 +	0
	Total	0		

If you checked any of the above 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?	Not at all	Somewhat difficult	Very difficult	Extremely difficult
	0	1	2	3