



## How are things?

Date: / / **20**

Time:   h   m

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

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

SUM:



		0	1	2	3
8	How difficult have these problems made it for you	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

NHS ID: .....

Service allocated case ID .....