Anxiety – Short Form

Please respond to each question or statement by marking one box per row.

	In the past 7 days	Never	Rarely	Sometimes	Often	Always
EDANX53	I felt uneasy	1	2	3	4	5
EDANX46	I felt nervous	1	2	3	4	5
EDANX48	Many situations made me worry	1	2	3	4	5
EDANX41	My worries overwhelmed me	1	2	3	4	5
EDANX54	I felt tense	1	2	3	4	5
EDANX55	I had difficulty calming down	1	2	3	4	5
EDANX18	I had sudden feelings of panic	1	2	3	4	5
NQANX07	I felt nervous when my normal routine was disturbed	1	2	3	4	5

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