

Q - Generic - GAD-7 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