

Everyday and problem worry

4. Do you have difficulty controlling your worries? For example, when you start worrying about something, do you have difficulty stopping? 0 2 3 5 6 7 8 1 $\mathbf{4}$ No Moderately Totally difficulty difficult difficult 5 Over the past six months, to what extent have you been disturbed by the following sensations when you were worried or anxious? Rate each sensation with the following scale: 2 3 5 6 0 1 $\mathbf{4}$ 7 8 No at all Moderately Very severely Restlessness or feeling keyed up or on edge Being easily fatigued Difficulty concentrating or mind going blank Irritability Muscle tension Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep) 6. To what extent does worry or anxiety interfere with your life; for example, your work, social activities, family life, etc.? 2 3 5 6 7 0 1 4 8 No at all Moderately Very severely Source: © 2006 Taylor & Francis Group LLC. Dugas, M. J., Freeston, M. H., Doucet, C., Rhéaume, J., Provencher, M., Ladouceur, R. and Gagnon, F., Université Laval, Québec, 1996. Reproduced with permission of Taylor & Francis Group LLC.