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Welcome to my practice! I hope this letter finds you well.

Thank you for your interest in cognitive-behavioral therapy for insomnia, which will help you learn to sleep better through behavioral treatment. This welcome packet contains questionnaires and a sleep diary that I would like you to complete and bring to our first appointment, which will last between 45 and 60 minutes. It is very important to bring the completed questionnaires and sleep diary to the appointment so I can learn more about the nature of your sleep disturbance and be able to recommend the best treatment for you. If you do not bring the items, we will have to reschedule the appointment.

If you have questions about the assessment and/or the questionnaires or sleep diary, please do not hesitate to contact me using the information above in the header.

As a reminder, if you are ever in crisis or experiencing an emergency, please call 911 or 1-800-273-8255 (the National Suicide Prevention Lifeline).

I look forward to helping you become a better sleeper!

Best,

Christa M Marshall

Christa M. Marshall, Psy.D.
Licensed Clinical Psychologist

DIRECTIONS: Complete sleep diary each morning after you wake up for the day and report on the prior day and night sleep. Please keep your diary in a place where you will see it each morning. For additional guidance on completing the diary, refer to sleep diary instructions

[illegible]

Variable	Explanation
What time did you nap?	Note the times you napped during the day. For example, 9-10:30am, 1-2pm,
What time did you get into bed?	When you get into bed for the night. This is not the time you tried to fall asleep, but the time you got into bed.
Once in bed, what time did you try to sleep?	Note the time you started to try to fall asleep.
After you decided to try go to sleep, how long did it take you to get to sleep?	Your best estimate as to how long it took you to fall asleep. For example, 1 hour or 60 minutes.
Once asleep, how many times did you wake up (not counting your final awakening)?	The number of times you woke up during the night.
In total, how long did these awakenings last?	The total time you were awake during the night. If you woke up three times for 5 minutes, 10 minutes, and an hour and a half, your time awake would be 1 hour 45 minutes.
What time was your final awakening?	Final awakening = the time you woke up and did not go back to sleep.
Did you wake up earlier planned? If yes, how many minutes earlier?	Did you wake up before you were required to get up or planned to get up. This is not the time your 'want' to get up; this is the time you planned on getting up. If you woke up earlier than planned/required, note how many minutes you were up earlier than planned.
After your final awakening, what time did you get out of bed for the day?	Note the time you got out of your bed for the day.
How would you rate the quality of your sleep? (very poor, poor, fair, good, very good)	Rate your quality of sleep.
Did you have any nightmares/bad dreams? If yes, what was the content?	Note if you had any nightmares or bad dreams and a brief description of content.
What did you do before bed during the buffer zone (e.g., 1 hour before bed)?	Note here what you did during the 'buffer zone' before bed. Buffer zone is the 45-60 minutes before you decided to go to sleep.
Caffeine intake	How much caffeine did you drink over the past 24 hours since you last filled out the diary? Note the time you drank the caffeine (e.g., 8am, noon, 3pm) as well as amount (e.g., 8 oz, 16 oz), and type of caffeine (e.g., chocolate, Monster drink, coffee, tea)
Used CPAP?	CPAP (Continuous Positive Airway Pressure). Yes or No question. If yes, how long did you use it for? For example, 50% of the night.
Sleep medication	If you are taking sleep medication, note the name of the medication and dose. Each day you want to note if you took it and the time you took the dose.
Additional comments:	Note any unusual events that might have occurred during your day, physical illnesses, etc.

Beliefs About Sleep

Several statements reflecting people's beliefs and attitudes about sleep are listed below. Please indicate (by circling the number) to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, **circle a number that best reflects your personal experience**. Consider the whole scale, rather than only the extremes of the continuum.

1. I need 8 hours of sleep to feel refreshed and function well during the day.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
2. When I do not get proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
3. I am concerned that chronic insomnia may have serious consequences for my physical health.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
4. I am worried that I may lose control over my abilities to sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
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5. After a poor night's sleep, I know that it will interfere with my daily activities on the next day.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
6. In order to be alert and function well during the day, I am better off taking a sleeping pill rather than having a poor night's sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
7. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
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8. When I sleep poorly on one night, I know that it will disturb my sleep schedule for the whole week.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
9. Without an adequate night's sleep, I can hardly function the next day.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
0	1	2	3	4	5	6	7	8	9	10															
10. I can't ever predict whether I will have a good or poor night's sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
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11. I have little ability to manage the negative consequences of disturbed sleep.	Strongly Disagree	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	0	1	2	3	4	5	6	7	8	9	10												Strongly Agree
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12. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.	<table border="1"> <tr> <td><i>Strongly Disagree</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td><i>Strongly Agree</i></td> </tr> <tr> <td></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </table>	<i>Strongly Disagree</i>												<i>Strongly Agree</i>		0	1	2	3	4	5	6	7	8	9	10														
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13. I believe that insomnia is essentially a result of a chemical imbalance.	<table border="1"> <tr> <td><i>Strongly Disagree</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td><i>Strongly Agree</i></td> </tr> <tr> <td></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </table>	<i>Strongly Disagree</i>												<i>Strongly Agree</i>		0	1	2	3	4	5	6	7	8	9	10														
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14. I feel that insomnia is ruining my ability to enjoy life and prevents me from doing what I want.	<table border="1"> <tr> <td><i>Strongly Disagree</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td><i>Strongly Agree</i></td> </tr> <tr> <td></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </table>	<i>Strongly Disagree</i>												<i>Strongly Agree</i>		0	1	2	3	4	5	6	7	8	9	10														
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15. Medication is probably the only solution to sleeplessness.	<table border="1"> <tr> <td><i>Strongly Disagree</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td><i>Strongly Agree</i></td> </tr> <tr> <td></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </table>	<i>Strongly Disagree</i>												<i>Strongly Agree</i>		0	1	2	3	4	5	6	7	8	9	10														
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16. I avoid or cancel obligations (social, family, occupational) after a poor night's sleep.	<table border="1"> <tr> <td><i>Strongly Disagree</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td><i>Strongly Agree</i></td> </tr> <tr> <td></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> <td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> </tr> </table>	<i>Strongly Disagree</i>												<i>Strongly Agree</i>		0	1	2	3	4	5	6	7	8	9	10														
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Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please **CIRCLE** the number that best describes your answer.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable	A Little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
0	1	2	3	4

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

Guidelines for Scoring/Interpretation:

Add the scores for all seven items (questions 1 + 2 + 3 + 4 + 5 + 6 + 7) = _____ your total score

Total score categories:

0–7 = No clinically significant insomnia

8–14 = Subthreshold insomnia

15–21 = Clinical insomnia (moderate severity)

22–28 = Clinical insomnia (severe)

Sleep Need Questionnaire

Based on the previous week:

- 1) Did you feel tired or fatigued during the day or evening?
NEVER __ RARELY __, SOMETIMES __, FREQUENTLY __, ALWAYS __
- 2) Were you sleepy or drowsy during the day or evening?
NEVER __ RARELY __, SOMETIMES __, FREQUENTLY __, ALWAYS __
- 3) Did you take any naps or fall asleep briefly during the day or evening?
NEVER __ RARELY __, SOMETIMES __, FREQUENTLY __, ALWAYS __
- 4) Did you feel you had been getting an adequate amount of sleep?
NEVER __ RARELY __, SOMETIMES __, FREQUENTLY __, ALWAYS __

Morningness/Eveningness: For each item, please *check one* response that best describes you.

- | | |
|--|---|
| <p>1. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?</p> <p><input type="checkbox"/> a. 5:00 - 6:30 a.m.</p> <p><input type="checkbox"/> b. 6:30 - 7:45 a.m.</p> <p><input type="checkbox"/> c. 7:45 - 9:45 a.m.</p> <p><input type="checkbox"/> d. 9:45 - 11:00 a.m.</p> <p><input type="checkbox"/> e. 11:00 a.m. - 12:00 noon</p> <p>2. Considering only your own "feeling best" rhythm, at what time would you go to bed if you were entirely free to plan your evening?</p> <p><input type="checkbox"/> a. 8:00 - 9:00 p.m.</p> <p><input type="checkbox"/> b. 9:00 - 10:15 p.m.</p> <p><input type="checkbox"/> c. 10:15 p.m. - 12:30 a.m.</p> <p><input type="checkbox"/> d. 12:30 - 1:45 a.m.</p> <p><input type="checkbox"/> e. 1:45 a.m. - 3:00 a.m.</p> <p>3. Assuming normal circumstances, how easy do you find getting up in the morning?</p> <p><input type="checkbox"/> a. Not at all easy</p> <p><input type="checkbox"/> b. Slightly easy</p> <p><input type="checkbox"/> c. Fairly easy</p> <p><input type="checkbox"/> d. Very easy</p> <p>4. How alert do you feel after the first half hour after having awakened in the morning?</p> <p><input type="checkbox"/> a. Not at all alert</p> <p><input type="checkbox"/> b. Slightly alert</p> <p><input type="checkbox"/> c. Fairly alert</p> <p><input type="checkbox"/> d. Very alert</p> <p>5. During the first half hour after having awakened in the morning, how tired do you feel?</p> <p><input type="checkbox"/> a. Very tired</p> <p><input type="checkbox"/> b. Fairly tired</p> <p><input type="checkbox"/> c. Slightly tired</p> <p><input type="checkbox"/> d. Not at all tired</p> <p>6. You have decided to engage in some physical exercise. A friend suggests that you do this one hour twice a week and the best time for him is 7:00-8:00 am. Bearing in mind nothing else but your "feeling best" rhythm, how do you think you would perform?</p> <p><input type="checkbox"/> a. Would be in good form</p> <p><input type="checkbox"/> b. Would be in reasonable form</p> <p><input type="checkbox"/> c. Would find it difficult</p> <p><input type="checkbox"/> d. Would find it very difficult</p> <p>7. At what time in the evening do you feel tired and as a result, in need of sleep?</p> <p><input type="checkbox"/> a. 8:00 - 9:00 p.m.</p> <p><input type="checkbox"/> b. 9:00 - 10:15 p.m.</p> <p><input type="checkbox"/> c. 10:15 p.m. - 12:30 a.m.</p> <p><input type="checkbox"/> d. 12:30 - 1:45 a.m.</p> <p><input type="checkbox"/> e. 1:45 a.m. - 3:00 a.m.</p> | <p>8. You wish to be at your peak performance for a test, which you know is going to be mentally exhausting and lasting for two hours. You are entirely free to plan your day, and considering only your own "feeling best" rhythm, which ONE of the four testing times would you choose?</p> <p><input type="checkbox"/> a. 8:00 - 10:00 a.m.</p> <p><input type="checkbox"/> b. 11:00 a.m. - 1:00 p.m.</p> <p><input type="checkbox"/> c. 3:00 - 5:00 p.m.</p> <p><input type="checkbox"/> d. 7:00-9:00 p.m.</p> <p>9. One hears about "morning" and "evening" type people. Which ONE of these types do you consider yourself to be?</p> <p><input type="checkbox"/> a. Definitely a morning type</p> <p><input type="checkbox"/> b. More a morning than an evening type</p> <p><input type="checkbox"/> c. More an evening than a morning type</p> <p><input type="checkbox"/> d. Definitely an evening type</p> <p>10. When would you prefer to rise (provided you have a full day's work - 8 hours) if you were totally free to arrange your time?</p> <p><input type="checkbox"/> a. Before 6:30 a.m.</p> <p><input type="checkbox"/> b. 6:30 - 7:30 a.m.</p> <p><input type="checkbox"/> c. 7:30 - 8:30 a.m.</p> <p><input type="checkbox"/> d. 8:30 a.m. or later</p> <p>11. If you always had to rise at 6:00 am, what do you think it would be like?</p> <p><input type="checkbox"/> a. Very difficult and unpleasant</p> <p><input type="checkbox"/> b. Rather difficult and unpleasant</p> <p><input type="checkbox"/> c. A little unpleasant but no great problem</p> <p><input type="checkbox"/> d. Easy and not unpleasant</p> <p>12. How long a time does it usually take before you "recover your senses" in the morning after rising from a night's sleep?</p> <p><input type="checkbox"/> a. 0-10 minutes</p> <p><input type="checkbox"/> b. 11-20 minutes</p> <p><input type="checkbox"/> c. 21-40 minutes</p> <p><input type="checkbox"/> d. More than 40 minutes</p> <p>13. Please indicate to what extent you are a morning or an evening active individual?</p> <p><input type="checkbox"/> a. Very morning active (morning alert & evening tired)</p> <p><input type="checkbox"/> b. To some extent, morning active</p> <p><input type="checkbox"/> c. To some extent, evening active</p> <p><input type="checkbox"/> d. Very evening active (morning tired & evening alert)</p> |
|--|---|

STOP-BANG Sleep Apnea Questionnaire

Chung et al Anesthesiology 2008 and BJA 2012

STOP		
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel TIRED, fatigued, or sleepy during daytime?	Yes	No
Has anyone OBSERVED you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood PRESSURE?	Yes	No

BANG		
BMI > 35?	Yes	No
AGE over 50 years old?	Yes	No
NECK circumference > 16 inches?	Yes	No
GENDER: Male?	Yes	No

TOTAL SCORE

High risk of OSA: 5 - 8 “Yes” responses

Intermediate risk of OSA: 3 - 4 “Yes” responses

Low risk of OSA: 0 - 2 “Yes” responses

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off **any** 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 difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	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 is 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

(For office coding: Total Score T_____ = _____ + _____ + _____)