

## **Forms-**

### **Anxiety Questionnaire- (Answer 'Yes' or 'No')**

1. Do you worry too much about different things?
2. Do you trouble relaxing?
3. Do you become easily annoyed or irritable?
4. Do you feel restless or on the edge?
5. Do you have trouble falling asleep or maintaining sleep?
6. Do you have trouble concentrating and focusing on a task?
7. Do you feel tired and exhausted easily?
8. Do you feel afraid that something terrible is about to happen?
9. Do you excessively worry about your health?
10. Do you experience any of the following symptoms-
  - Skipping/racing/pounding of heart
  - Sweating
  - Shortness of breath/difficulty breathing
  - Frequent Chest pain/Neck pain/Headaches
  - Nausea/discomfort in stomach
  - Dizziness/black-outs/off-balance

Every 'Yes' is scored as 1, 'No' is scored as 0. Add all the scores and obtain a final total score. Maximum score is 15. If your total score is more than 6, you need professional help.

### **Depression Questionnaire- (Answer 'Yes' or 'No')**

1. Do you feel sad/down/low on most days?
2. Do you have trouble falling asleep/sleeping too much?
3. Do you have little interest in doing things?
4. Do you have feelings of guilt or regret?
5. Do you feel weak/tired/easily exhausted?
6. Do you have trouble concentrating?

7. Do you have poor appetite/over eating?
8. Do you feel restless/fidgety or lethargic?
9. Do you have thoughts that you would be better off dead or of hurting yourself?
10. Do you have to push yourself to do things?

Every 'Yes' is scored as 1. 'No' is scored as 0. Add all the scores to obtain a final score.  
Maximum score possible is 10. If your total score is more than 4, you need professional help.