



# Stress Questionnaire

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

How often <i>during the past 2 weeks</i> have you felt bothered by (please circle your answer):	Not At All	Several Days	More than ½ 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

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 (check one)?

\_\_\_Not difficult at all \_\_\_Somewhat difficult \_\_\_Very difficult \_\_\_Extremely difficult

Total

(GAD7; 10)

Add

Columns:

--	--	--	--	--

<i>Please circle your answer to each of the following questions:</i>	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Total

(AUDIT-C; Men 4+, Women 3+) Add Columns:

--	--	--	--	--

### Standard serving of one drink:

12 ounces of beer or wine cooler

1.5 ounces of 80 proof liquor

5 ounces of wine

4 ounces of brandy, liqueur or aperitif



These instruments are adapted from the PHQ9, GAD7, and the AUDIT