Fear - Affect (Ages 18+) – Fixed Form

Please respond to each question or statement by marking one box per row.

In the past 7 days:

		Never	Rarely	Sometimes	Often	Always
Anxiety36	I felt fearful.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety39	I felt anxious.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety51	I felt worried.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety54	I found it hard to focus on anything other than my anxiety	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety57	I felt nervous.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety62	I felt uneasy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Anxiety63	I felt tense	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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