

Supplementary Table 3 Generalized Anxiety Disorder (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
 [Brackets depict patient responses]

	Not at all	Several days	More than half the days	Nearly Everyday
1. Feeling nervous, anxious, or on the 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 its hard to sit still	0	1	2	{3}
6. Becoming easily annoyed	0	1	{2}	3
7. Feeling afraid as if something awful might happen	0	1	{2}	3
Total score	19			

If you have checked off any problems on this questionnaire so far, how difficult have these problems made it for you to take care of things at home or get along with other people?

Not at all difficult

Somewhat difficult

{Very difficult}

Extremely difficult

Interpretation

Scale	severity
0-9	None to mild
10-14	Moderate
15-21	Severe