

To Administrator, please ensure all **3** questions are completed, including NAME and DATE

# The Anxiety Screen.

Patient Name.....  
Date.....

Comments:

## 1. Question:

Do you often feel  
worried or anxious ?

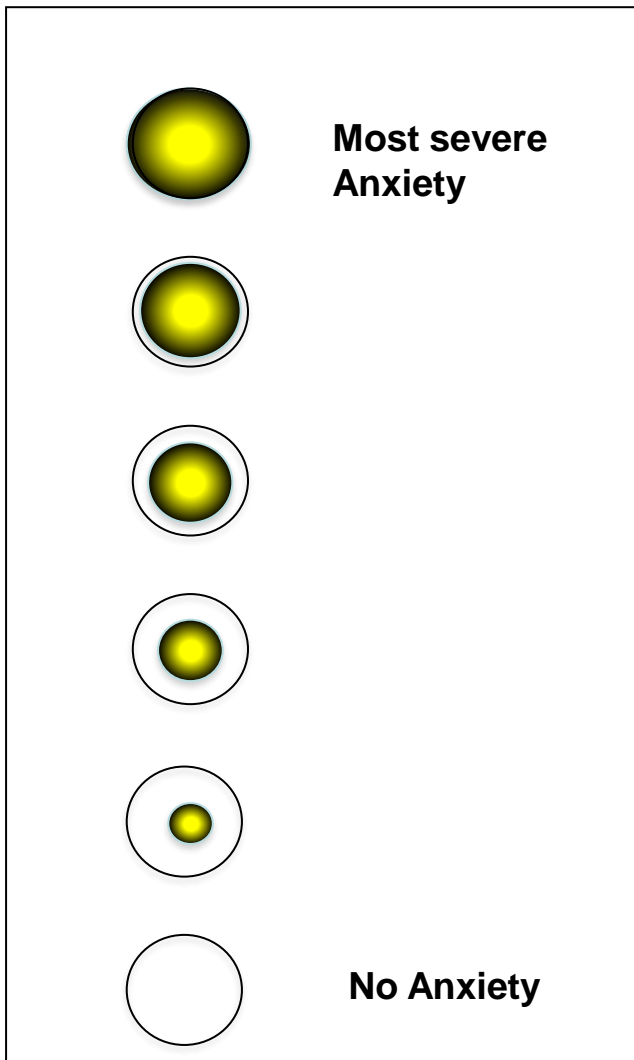


Yes



No

## 2. The DISCs



### Instructions for administration:

#### Say to the patient:

- This is a scale to measure anxiety  
Please point to each of the circles in turn to make sure that you can see them all.  
[Continue only if satisfactorily accomplished]
- The yellow/black circles show how anxious you feel.  
[Indicate the clear circle at the bottom]
- The bottom circle shows no anxiety  
[Indicate the fully shaded circle at the top]
- The top circle shows anxiety as bad as it can be.  
[Pointing at each circle in ascending order]
- As you go from the bottom circle to the top, you can see that anxiety is becoming more and more severe.
- Which of these circles shows how anxious you feel today?

### 3. To the administrator:

In your opinion, does the patient understand this scale?

Yes

No

Comments:

Not sure

If not sure, refer for **Full screen**

## 4. Summary of screen

• **Anxious** – refer to Integrated care pathway

• **Not anxious** – re screen in 4 weeks **Date of re-screen** .....

## 5. Re-screen

• **Anxious** – refer to Integrated care pathway

• **Not anxious** – pathway closed **Date pathway closed** .....