



The Dunn Worry Questionnaire (DWQ)

Patient Name _____ DOB _____ Female _____
 Provider Name _____ Date _____ Male _____ Other _____

Please circle the numbers that best describe your experience in the past month.

		None of the time	Rarely	Some of the time	Often	All of the time	ROW TOTAL
1	I've been worrying a lot	0	1	2	3	4	
2	In my mind I have been going over problems again and again	0	1	2	3	4	
3	There was little I could do to stop worrying	0	1	2	3	4	
4	I have been worrying even though I didn't want to.	0	1	2	3	4	
5	Worry has stopped me focusing on important things in my day	0	1	2	3	4	
6	Worry has stopped me sleeping	0	1	2	3	4	
7	Worry has caused me to feel upset	0	1	2	3	4	
8	Worry has made me feel stressed	0	1	2	3	4	
9	Worry has made me feel anxious	0	1	2	3	4	
10	Worry has made me feel hopeless	0	1	2	3	4	
TOTAL							

Scoring:

A total worry score is obtained by adding together all 10 items. A score of 21 or above indicates clinically high levels of worry.



NOTES: