

The Dunn Worry Questionnaire (DWQ)

Name: _____

Date: _____

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
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 focussing 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

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.