

## Data Entry Sheet

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Comments:

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, circle the number on the right that best describes *how much that problem has bothered or distressed you during the past 7 days, including today*. Circle only one number for each problem, and do not skip any items.

[illegible]

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