

Name: _____ **DOB:** _____ **Date:** _____

How often during the past 2 weeks have you felt bothered by:

1. Feeling nervous, anxious, or on edge?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday
2. Not being able to stop or control worrying?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday
3. Worrying too much about different things?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday
4. Trouble relaxing?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday
5. Being so restless that it is hard to sit still?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday
6. Becoming easily annoyed or irritable?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday
7. Feeling afraid as if something awful might happen?
0 = not at all
1 = several days
2 = more than half the days
3 = nearly everyday

Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

___Not difficult at all ___Somewhat difficult ___Very difficult ___Extremely difficult

Scoring: Add the results for question number one through seven to get a total score.

If you score 10 or above you might want to consider one or more of the following: discuss your symptoms with your doctor, contact a local mental health care provider or contact my office for further assessment and possible treatment. Although these questions serve as a useful guide, only an appropriate licensed health professional can make the diagnosis of Generalized Anxiety Disorder.