



# ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

## Generalized Anxiety Disorder (GAD) Screening Tool

This is a screening measure to help you determine whether you might have Generalized Anxiety Disorder (GAD) that needs professional attention. This screening tool is not designed to make a diagnosis of GAD but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

### Directions:

1. Print out the results
2. Complete the provided form
3. Share them with your health care provider to determine a diagnosis

### Are you troubled by the following?

- Yes  No Do you experience excessive worry?
- Yes  No Is your worry excessive in intensity, frequency, or amount of distress it causes?
- Yes  No Do you find it difficult to control the worry (or stop worrying) once it starts?
- Yes  No Do you worry excessively or uncontrollably about minor things such as being late for an appointment, minor repairs, homework, etc.?

**Please list below the most frequent topics about which you worry excessively or uncontrollably.**

List most frequent topics about which you worry excessively or uncontrollably here.

- Yes  No During the last six months, have you been bothered by excessive worries more days than not?

During the past six months, have you often been bothered by any of the following symptoms? Check one square next to each symptom that you have had more days than not:

	Not at all		A little		Moderately		Quite a bit		Extremely
a. restlessness or feeling keyed up or on edge	⓪	①	②	③	④	⑤	⑥	⑦	⑧
b. Irritability	⓪	①	②	③	④	⑤	⑥	⑦	⑧
c. difficulty falling/staying asleep or restless/unsatisfying sleep	⓪	①	②	③	④	⑤	⑥	⑦	⑧
d. being easily fatigued	⓪	①	②	③	④	⑤	⑥	⑦	⑧
e. difficulty concentrating or mind going blank	⓪	①	②	③	④	⑤	⑥	⑦	⑧
f. muscle tension	⓪	①	②	③	④	⑤	⑥	⑦	⑧

How much do worry and physical symptoms interfere with your life, work, social activities, family, etc.?

⓪      ①      ②      ③      ④      ⑤      ⑥      ⑦      ⑧  
 None                  Mild                  Moderate                  Severe                  Very Severe

How much are you bothered by worry and physical symptoms (how much distress does it cause you)?

⓪      ①      ②      ③      ④      ⑤      ⑥      ⑦      ⑧  
 None                  Mild                  Moderate                  Severe                  Very Severe

Source: Newman, M. G., Zuellig, A. R., Kachin, K. E., Constantino, M. J., Przeworski, A., Erickson, T., & Cashman-McGrath, L. (2002). Preliminary reliability and validity of the Generalized Anxiety Disorder Questionnaire-IV: A revised self-report diagnostic measure of generalized anxiety disorder. *Behavior Therapy*, 33, 215-233. doi:10.1016/S0005-7894(02)80026-0