

Generalized Anxiety Disorder Questionnaire for DSM-IV (GA-DSM-IV)

----- Clinician Version -----

Over the last 6 months, how often has the patient been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
A. Core Symptom of Anxiety?				
1. Excessive anxiety or worry about a number of events or activities	0	1	2	3
B. Feeling out of Control?				
2. Finding it difficult to control worrying	0	1	2	3
C. Symptoms of Anxiety?				
3. Feeling restless, keyed up or on edge	0	1	2	3
4. Being easily fatigued	0	1	2	3
5. Difficulty concentrating or mind going blank	0	1	2	3
6. Being irritable	0	1	2	3
7. Having muscle tension	0	1	2	3
8. Having disturbed sleep, such as difficulty falling asleep, difficulty staying asleep or restless unsatisfying sleep.	0	1	2	3
D. Daily function				
9. Is the patient significantly distressed by these symptoms?	Not at all	Somewhat	Very much	Extremely
Clinician Please Score =	0	1	2	3
10. How difficult have these problems made it for the patient to do work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
Clinician Please Score =	0	1	2	3
RATING				
Total (linear) Score =				
Algorithm Positive?				
GAD requires ≥ 2 for section A + B + D and 3x symptoms (each ≥ 2) from C; not explained by another disorder				
				No
				Yes