

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

----- Self-Report Version -----

Over the last 2 weeks, how often have you been bothered by the following problems?
(use ✓ to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Excessive anxiety or worry about a number of events or activities?	0	1	2	3
2. Finding it difficult to control worrying?	0	1	2	3
3. Feeling restless, keyed up or on edge?	0	1	2	3
4. Being easily fatigued?	0	1	2	3
5. Difficulty concentrating or your 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
9. Feeling distressed because of these problems ?	0	1	2	3
10. 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 =0	Somewhat difficult = 1	Very difficult =2	Extremely difficult =3

Total Score (add up items 1-10) =

Recommended scoring for this version => clinical anxiety ≥ 10 (mild) ≥ 15 (moderate) ≥ 20 (severe)