

## Severity Measure for Generalized Anxiety Disorder—Adult

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

**Instructions:** The following questions ask about thoughts, feelings, and behaviors, often tied to concerns about family, health, finances, school, and work. **Please respond to each item by marking (✓ or x) one box per row.**

|   |  |                            |                            |                            |                            |                            | Clinician Use |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------|
|   | During the PAST 7 DAYS, I have...  | Never                      | Occasionally               | Half of the time           | Most of the time           | All of the time            | Item score    |
| 1.  | felt moments of sudden terror, fear, or fright   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 2.  | felt anxious, worried, or nervous  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 3.  | had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents          | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 4.  | felt a racing heart, sweaty, trouble breathing, faint, or shaky  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 5.  | felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping                      | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 6.  | avoided, or did not approach or enter, situations about which I worry  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 7.  | left situations early or participated only minimally due to worries  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 8.  | spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 9.  | sought reassurance from others due to worries  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| 10.   | needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)         | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |               |
| <b>Total/Partial Raw Score:</b>                                 |  |                            |                            |                            |                            |                            |               |
| <b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b> |  |                            |                            |                            |                            |                            |               |
| <b>Average Total Score:</b>                                     |  |                            |                            |                            |                            |                            |               |

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