

If you suspect **GAD**, (Generalized Anxiety Disorder), as a possible diagnosis, fill out this form and bring it with you to our next session. You may either check the boxes on line and then print the form, or print the form and fill it out by hand.

- Yes No Excessive worry, occurring more days than not, for a least six months?
- Yes No Unreasonable worry about a number of events or activities, such as work or school and/or health?
- Yes No The inability to control the worry?

Are you bothered by a least three of the following?

- Yes No Restlessness, feeling keyed-up or on edge?
- Yes No Being easily tired?
- Yes No Problems concentrating?
- Yes No Irritability?
- Yes No Muscle tension?
- Yes No Trouble falling asleep or staying asleep, or restless and unsatisfying sleep?
- Yes No Does your anxiety interfere with your daily life?