

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?