Please complete this form and show it to your doctor or other healthcare professional.

**Do you have Generalized Anxiety Disorder?**

1. Do you experience excessive anxiety and worry about a number of events or activities (such as work or school performance)?  
   **YES**  **NO**

2. Have these worries occurred more days than not for at least six months?  
   **YES**  **NO**

3. Do you find it difficult to control the worry?  
   **YES**  **NO**

4. Have you felt restless, keyed up, or on edge more days than not for at least six months?  
   **YES**  **NO**

5. Have you been easily fatigued more days than not for at least six months?  
   **YES**  **NO**

6. Have you had difficulty concentrating or with your mind going blank more days than not for at least six months?  
   **YES**  **NO**

7. Have you felt irritable more days than not for at least six months?  
   **YES**  **NO**

8. Have you experienced muscle tension more days than not for at least six months?  
   **YES**  **NO**

9. Have you experienced sleep disturbance (difficulty falling or staying asleep or restless, unsatisfying sleep) more days than not for at least six months?  
   **YES**  **NO**

10. Do anxiety, worry, or physical symptoms cause you to feel very distressed?  
    **YES**  **NO**

11. Do anxiety, worry, or physical symptoms cause significant impairment in your social life, work, or other important areas of functioning?  
    **YES**  **NO**
You *might* have Generalized Anxiety Disorder if **all** of the following are **true**:

- You answered YES to items 1, 2, and 3
- You answered YES to at least three of items 4, 5, 6, 7, 8, and 9
- You answered YES to either item 10 or 11

Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.

**To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.**