

Screening for Generalized Anxiety Disorder (GAD)

If you suspect you have an anxiety disorder, print this form and take it to a counselor in the **Counseling Center** where you will receive free, confidential services from a trained professional.

Are you troubled by the following?

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive worry, occurring more days than not, for a least six months |
| <input type="checkbox"/> | <input type="checkbox"/> | Unreasonable worry about events or activities, such as work, school, or your health |
| <input type="checkbox"/> | <input type="checkbox"/> | The inability to control the worry |

Are you bothered by at least three of the following?

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Restlessness, feeling keyed-up, or on edge |
| <input type="checkbox"/> | <input type="checkbox"/> | Being easily tired |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems concentrating |
| <input type="checkbox"/> | <input type="checkbox"/> | Irritability |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscle tension |
| <input type="checkbox"/> | <input type="checkbox"/> | Trouble falling or staying asleep, or restless and unsatisfying sleep |
| <input type="checkbox"/> | <input type="checkbox"/> | Your anxiety interfering with your daily life |

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate anxiety disorders.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you experienced changes in sleeping or eating habits? |

More days than not, do you feel

- | YES | NO | |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | sad or depressed? |
| <input type="checkbox"/> | <input type="checkbox"/> | disinterested in life? |
| <input type="checkbox"/> | <input type="checkbox"/> | worthless or guilty? |

During the last year, has the use of alcohol or drugs:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | resulted in your failure to fulfill responsibilities with work, school, or family? |
| <input type="checkbox"/> | <input type="checkbox"/> | placed you in a dangerous situation, such as driving a car under the influence? |
| <input type="checkbox"/> | <input type="checkbox"/> | gotten you arrested? |
| <input type="checkbox"/> | <input type="checkbox"/> | continued despite causing problems for you or your loved ones? |

Reference: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, DC, American Psychiatric Association, 1994.

Services are free to currently registered USF students.