

## GAD Self-Test

The following questions can help you determine if you are experiencing symptoms of GAD. Simply answer "yes" or "no," then take this to your healthcare professional to see if further evaluation and treatment are necessary.

Yes or No?		Are you troubled by:
<input type="checkbox"/> Y	<input type="checkbox"/> N	Excessive worry, occurring more days than not, for at least 6 months?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Unreasonable worry about a number of different situations, such as work, school and/or health?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Your inability to "shut off" your worry?
<b>Are you bothered by at least 3 of the following:</b>		
<input type="checkbox"/> Y	<input type="checkbox"/> N	Restlessness, feeling keyed up or on edge?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Being easily tired?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Concentration problems?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Irritability?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Muscle tension?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Trouble failing asleep, trouble staying asleep or restless/unsatisfying sleep?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Anxiety that interferes with your daily life?

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Conditions that sometimes complicate anxiety disorders include depression and substance abuse, among others. The following information will help your healthcare professional in evaluating you for GAD.

Yes or No?		In the last year, you have experienced:
<input type="checkbox"/> Y	<input type="checkbox"/> N	Changes in sleeping or eating habits?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Feeling sad or depressed more days than not?
<input type="checkbox"/> Y	<input type="checkbox"/> N	A disinterest in life more days than not?
<input type="checkbox"/> Y	<input type="checkbox"/> N	A feeling of worthlessness or guilt more days than not?
<input type="checkbox"/> Y	<input type="checkbox"/> N	An inability to fulfill responsibilities at work/school or family due to alcohol or drug use?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Being arrested due to alcohol or drugs?
<input type="checkbox"/> Y	<input type="checkbox"/> N	The need to continue using alcohol or drugs despite it causing problems for you and/or your loved ones?