## Signs and Symptoms of Generalised Anxiety Disorder

### “The Worry Disorder”

0 = Not at all; never.  1 = sometimes; a little.  2 = Moderately.  3 = strongly; nearly all the time.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / N</td>
<td>Have you had times when you have been continually worried about a number of aspects/activities of your life?</td>
</tr>
</tbody>
</table>

**A. Do you worry about things associated with:**

- Minor things (punctuality/order)
- Work/School
- Family/relationships
- Social/interpersonal
- Finances
- Health of yourself others
- Community / world affairs
- Worrying too much or being too anxious
- Other ………………………..

**B. Is the anxiety and worry associated with:**

- restlessness, nervousness or feeling on edge
- being easily fatigued
- difficulty concentrating or mind going blank
- irritability
- muscle tension
- shortness of breath
- sleep disturbances (difficulty falling or staying asleep, or restless unsatisfying sleep)

How much does this interfere with different aspects of your life (social life, relationships, work, study…)?

………………………………………………………………………………………..

………………………………………………………………………………………..

Is the worry or anxiety a response to the direct physiological effects of substance (e.g. drugs, medications, alcohol) or a general medical condition (e.g. hyperthyroidism)?

………………………………………………………………………………………..

………………………………………………………………………………………..
**Instructions and Guidelines for use**

**Question A** provides an index of severity. **Subsequent questions** confirm the clinical significance of the patient’s responses.

In **Question A**…

…if a patient scores greater than 6 and has been experiencing these symptoms for greater than 1 month, then the patient has high levels of worry that are likely to cause them disturbance. They are likely to benefit from a referral to a fully qualified clinical psychologist.

…if a patient scores between 1-6 and has been experiencing these symptoms for less than 1 month then we suggest that you monitor and reassess in another month.

Use **Question B** responses to gauge how severe and disrupting the worry is.

The **treatment of choice** for GAD is cognitive therapy, which needs to be varied to target the often obsessional and recurring nature of the patient’s worries. Patient may benefit from relaxation exercises and possibly some psycho-education about anxiety at this initial stage. There is some support for the role of SSRI antidepressants when added to cognitive therapy.

---

If you want to discuss treatment with a fully qualified psychologist, you can call Basten & Associates, Clinical Psychologists on 9891-1766.

Chatswood Sydney Westmead

This form and others are available at www.bastenpsychology.com.au