

CARROLL-DAVIDSON GENERALIZED ANXIETY DISORDER SCREEN

During the <u>past six months</u> :	Yes	No
1. Most days I feel very nervous.		
2. Most days I worry about lots of things.		
3. Most days I cannot stop worrying.		
4. Most days my worry is hard to control.		
5. I feel restless, keyed up or on edge.		
6. I get tired easily.		
7. I have trouble concentrating.		
8. I am easily annoyed or irritated.		
9. My muscles are tense and tight.		
10. I have trouble sleeping.		
11. Did the things noted above affect your daily life (home life, work, or leisure) or cause distress?		
12. Were the things you noted above bad enough that you thought about getting help for them?		

If you or a family member needs help coping with depression, please talk with your primary care provider and ask for a referral to a medical professional. Locally, Schneck Mental Health and Wellness treats depression, addiction, stress, and other forms of mental health illness.

There is hope. Seek treatment to improve your quality of life.



(812) 523-7852
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Evaluation Key

Carroll-Davidson Generalized Anxiety Disorder Screen

Record the total number of YES responses to the 12 statements in the Total Score box. Use the following GAD (generalized anxiety disorder) cutoff scores to determine the likelihood of a GAD diagnosis.

Total Score	Interpretation	Referral Guidelines
0-5	Symptoms not suggestive of GAD	A complete evaluation is <u>not recommended</u>
6 or above	Symptoms suggestive of GAD	A complete evaluation <u>is recommended</u>