

Severity Measure for Generalized Anxiety Disorder – Child Age 11-17

Patient Name: _____ Age: _____ Sex: Male Female Date: _____

Patient Cell Phone: _____

Instructions: The following questions ask about thoughts, feelings and behaviors, often tied to concerns about family, health, finances, school, and work. **Please respond to each of them by marking one checkbox per row.**

							Clinician Use
	During the PAST 7 DAYS, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Item Score
1.	felt moments of sudden terror, fear, or fright	0	1	2	3	4	
2.	felt anxious, worried or nervous	0	1	2	3	4	
3.	had thoughts of bad things happening, such as family tragedy, ill health, loss of job, or accidents	0	1	2	3	4	
4.	felt a racing heart, sweaty, trouble breathing, faint or shaky	0	1	2	3	4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	0	1	2	3	4	
6.	avoided, or did not approach or enter, situations about which I worry	0	1	2	3	4	
7.	left situations early or participated only minimally due to worries	0	1	2	3	4	
8.	spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries	0	1	2	3	4	
9.	sought reassurance from others due to worries	0	1	2	3	4	
10.	needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)	0	1	2	3	4	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							
Average Total Score:							

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