

# Generalized Anxiety Disorder Self Test

The following anxiety self test has been developed to assist adults in determining if they may be experiencing symptoms related to generalized anxiety disorder (GAD). GAD is a pattern of frequent, constant worry and [anxiety](#) over many different activities and events. Generalized anxiety disorder (GAD) is a common condition. Genes may play a role. Stress may also contribute to the development of GAD.

Anyone can develop this disorder, even kids. Most people with the disorder report that they have been anxious for as long as they can remember. GAD occurs somewhat more often in women than in men.

The main symptom is the almost constant presence of worry or tension, even when there is little or no cause. Worries seem to float from one problem to another, such as family or relationship problems, work issues, money, health, and other problems. Even when aware that their worries or fears are stronger than needed, a person with GAD still has difficulty controlling them

This is only a preliminary questionnaire and should not be used to diagnose or treat any condition, disorder or disease.

1. Have you experienced an unusually excessive level of worry about various aspects of life lately?

Yes

No

2. Do you find yourself feeling overly restless or edgy?

Yes

No

3. Lately, do you find yourself more easily angered or irritated by events that would normally be minimally annoying?

Yes

No

4. Even when you're aware that the worry is needless, do you still find yourself feeling anxious?

Yes

No

5. Do you find it unusually difficult to concentrate or stay focused?

Yes

No

6. Do you find yourself getting tired easily, even after activities that are minimally taxing?

Yes

No

7. Do you use cocaine, alcohol, amphetamines, or marijuana on a regular basis?

Yes

No

8. Have you been experiencing sleep problems lately such as difficulty falling asleep, difficulty staying asleep, tossing and turning, or waking feeling unrefreshed?

Yes

No

9. Have you been getting into arguments often with family and friends?

Yes

No

10. Does your excessive worry revolve around any of the following specifically: gaining weight, having a physical disease, being separated from a loved one, or being involved in social engagements?

Yes

No

11. Do you experience any number of the following to the level that it impairs your ability to function or perform regular daily activities: restlessness, irritability, sleep difficulty, fatigue, trouble concentrating?

Yes

No

12. Do you feel unable to relax, even when nothing really stressful is happening?

Yes

No

13. Have you also been experiencing feelings of sadness or emptiness alongside the tension and worry?

Yes

No

14. Have you been experiencing physical symptoms of tension such as chronic upset stomach, agitation, or inability to sit still?

Yes

No

15. Has your excessive worry stayed relatively constant for the last 6 months or longer?

Yes

No

If you've answered "Yes" to more than a few questions, please share your test with a professional counselor at Associated Counseling.