SCREENING CHECKLIST FOR ANXIETY (SC/AX)

NAME: _____ DATE: _____ RATER: _____

Place a checkmark in the appropriate space to indicate
how you have felt over the past SIX MONTHS

	OBSERVATION	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH	
1.	Feeling excessive anxiety and worry about a number of events or activities					
2.	Having difficulty controlling the anxiety or worry					
3.	Restless, or feeling keyed up or on edge					
4.	Easily fatigued					
5.	Difficulty concentrating, or mind going blank					
6.	Feeling irritable					
7.	Having muscle tension					
8.	Sleep disturbances (difficulty falling or staying asleep, or restless and satisfying sleep)					
9.	Work, home, or social life is difficult or impaired because of worry or anxiety					
	Scoring Section	x 0	x 1	x 2	x 3	SCORE

SCORING: To calculate the score, add up the number of entries in each of the 4 columns and multiply the totals by the number (0, 1, 2 or 3) shown at the bottom the column. The sum of these is the SCORE.

Adapted from DSM-IV-TR criteria for Generalized Anxiety Disorder
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