

Diagnostic Tool
Generalized Anxiety Disorder
Including Overanxious Disorder of Childhood

Name:
DOB:
ID#:

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six (6) months, about a number of events or activities (such as work or school performance).

AND

- B. The person finds it difficult to control the worry.

AND

- C. The anxiety and worry are associated with **three (3)** or more of the following six symptoms, with at least some symptoms present for more days than not for the past six (6) months **NOTE: Only one (1)** item is required in children.

- 1. Restlessness or feeling keyed up or on edge
- 2. Being easily fatigued
- 3. difficulty concentrating or mind going blank
- 4. Irritability
- 5. Muscle tension
- 6. Sleep disturbance (e.g., difficulty falling or staying asleep, or restless unsatisfying sleep)

AND

- D. The focus of the anxiety and worry is not confined to features of an Axis I disorder. For example:

- 1. *NOT* due to anxiety or worry about having a Panic Attack (i.e., Panic Disorder)
- 2. *NOT* due to being embarrassed in public (i.e., Social Phobia)
- 3. *NOT* due to being contaminated (i.e., Obsessive-Compulsive Disorder)
- 4. *NOT* due to being away from home or close relatives (i.e., Separation Anxiety Disorder)
- 5. *NOT* due to gaining weight (i.e., Anorexia Nervosa)
- 6. *NOT* due to having multiple physical complaints (i.e., Somatization Disorder)
- 7. *NOT* due to having a serious illness (i.e., Hypochondriasis)
- 8. *NOT* occurring exclusively during Posttraumatic Stress Disorder.

AND

- E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

AND

- F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

Clinician Name:
Date of Assessment:
Signature: