

Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all 0	Several days 1 point	More than half the days 2 points	Nearly every day 3 points
1- Little interest or pleasure in doing things				
2- Feeling down, depressed or hopeless				
3- Trouble falling or staying asleep, or sleeping too much				
4- Feeling tired or having little energy				
5- Poor appetite or overeating				
6- Feeling bad about yourself- or that you are a failure or have let yourself or your family down				
7- Trouble concentrating on things, such as reading the newspaper or watching television				
8- Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual				
9- Thoughts that you would be better off dead or of hurting yourself in some way				

*Please add scores _____ + _____ + _____ + _____
Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all Somewhat difficult Very difficult Extremely difficult

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all sure 0	Several days 1 point	Over half the days 2 points	Nearly every day 3 points
1- Feeling nervous, anxious or on edge				
2- Not being able to stop or control worrying				
3- Worrying too much about different things				
4- Trouble relaxing				
5- Being so restless that it's hard to sit still				
6- Becoming easily annoyed or irritable				
7- Feeling afraid as if something awful might happen				

*Please add scores _____ + _____ + _____ + _____
Total Score: _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Intern Med. 2006;166;1092-1097

Effects of symptoms on function over agreed time period

WORK*										
(*work includes paid or unpaid volunteer work, school, or training)										
The symptoms have disrupted your work:										
Not at all	Mildly			Moderately			Markedly			Extremely
0	1	2	3	4	5	6	7	8	9	10

or

Not Applicable. No involvement in work or study for reasons unrelated to the disorder

FAMILY LIFE										
The symptoms have disrupted your family life/home responsibilities:										
Not at all	Mildly			Moderately			Markedly			Extremely
0	1	2	3	4	5	6	7	8	9	10

SOCIAL LIFE										
The symptoms have disrupted your social life/leisure activities:										
Not at all	Mildly			Moderately			Markedly			Extremely
0	1	2	3	4	5	6	7	8	9	10

Your Mental Health

1. Medications:

2. Current concerns or problems: (mood, sleep, work, any present stressors, conflicts)

3. Current supports and strengths:

4. Plan:
