GENERALIZED ANXIETY CHECKLIST

DATE ______________

№	ACTIVITIES	✓
1	You feel nervous, anxious, or desperate most of the time	
2	You have trouble controlling your concerns	
3	Do you worry too much about various aspects of your life? (health, finances, relationships, work)	
4	Has difficulty relaxing	
5	You constantly feel tired or find it challenging to stay on your feet	
6	You get easily irritated or feel desperate	
7	Have you experienced muscle tension or physical signs of anxiety?	
8	You are constantly tired or feel low on energy	
9	You have trouble concentrating or feel like your mind goes blank frequently	

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GENERALIZED ANXIETY CHECKLIST

DATE ________________

№	ACTIVITIES	✓
10	You have sleep disorders, such as difficulty falling asleep or staying asleep, feeling restless when you get up, or having little sleep	
11	You have excessive worry about future events or situations, even when you have little or no reason to worry.	
12	Constantly concerned with potential negative outcomes or what-if scenarios	
13	Feel the sensation of being hanging by a thread, or constant fear or that something bad is going to happen.	
14	Have you experienced physical symptoms such as headaches, stomach pain, or other pains that you may feel are connected to anxiety?	
15	Your anxiety interferes with activities in your daily life such as functioning at school or work.	
16	You have experienced these symptoms for a period of 6 months	
17	Have you sought professional help or advice for your anxiety symptoms?	
18	Have experienced symptoms such as panic attacks, pounding heart palpitations, shortness of breath, or feelings of impending doom	

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GENERALIZED ANXIETY CHECKLIST

DATE ________________

№	ACTIVITIES	
19	You have noticed avoidance behaviors, such as avoiding social gatherings, or places that trigger your anxiety	
20	Have experienced a sudden increase in anxiety or panic symptoms that have caused you significant stress in the last 2 weeks	

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IMPORTANT TO KEEP IN MIND FOR THE ADMINISTRATION OF THIS QUESTIONNAIRE

TO SPEAK OF AN ONSET OF ANXIETY, AT LEAST 10 OF THESE CRITERIA MUST BE PRESENT ON A 1 WEEK PER MONTH BASIS. ADMINISTER THIS TOOL FROM DAILY OBSERVATION FOR AT LEAST 2 WEEKS. IF IT'S NOT YOURSELF, YOU CAN ASK THESE QUESTIONS TO THE PERSON YOU'RE CONCERNED ABOUT. DELIVER THE RESULTS TO YOUR TRUSTED PSYCHOLOGIST OR PSYCHIATRIST TO GUARANTEE THE RESULTS AND LEARN ABOUT HOW TO PROCEED.
TAKE NOTE OF ANY EVENT THAT YOU CONSIDER OF INTEREST TO THE PROFESSIONAL

THIS QUESTIONNAIRE CAN BE ADMINISTERED TO ANYONE OVER 15 YEARS OF AGE.

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