

DSM-5 Generalized Anxiety Disorder Checklist

Name: _____ Date: _____ dd / mm / yyyy

Instructions: Respond honestly to each question with "Yes" or "No."

Do you feel nervous, anxious, or on edge most of the time?

Yes No

Do you have trouble controlling your worry?

Yes No

Do you worry too much about various aspects of life (e.g., health, finances, relationships, work)?

Yes No

Do you experience difficulty in relaxing?

Yes No

Are you often restless and find it challenging to sit still?

Yes No

Do you become easily irritated or feel on edge?

Yes No

Do you experience muscle tension or physical symptoms of anxiety?

Yes No

Are you frequently fatigued or lacking energy?

Yes No

Do you have difficulty concentrating or often feel your mind going blank?

Yes No

Do you have sleep disturbances, such as difficulty falling or staying asleep, or restless and unsatisfying sleep?

Yes No

Do you experience excessive worry about future events or situations, even when there is little or no reason to be concerned?

Yes No

Are you constantly preoccupied with potential negative outcomes or "what-if" scenarios?

Yes No

Do you feel a sense of impending doom or constant fear of something bad happening?

Yes No

Have you noticed physical symptoms like headaches, stomachaches, or other unexplained pains that may be related to anxiety?

Yes No

Does your anxiety interfere significantly with your daily activities, work, or school performance?

Yes No

Have you been experiencing these symptoms for at least six months or longer?

Yes No

Have you sought help or professional advice for your anxiety symptoms?

Yes No

Are you experiencing symptoms of panic attacks, such as heart palpitations, shortness of breath, or a feeling of impending doom?

Yes No

Have you recently noticed any avoidance behaviors, such as avoiding social situations or places that trigger your anxiety?

Yes No

Have you experienced a sudden increase in anxiety or panic symptoms that are causing significant distress in the past 2 weeks?

Yes No

TOTAL SCORE: _____

Score Interpretation: Each "Yes" response receives a value of 1, and each "No" response receives a value of 0. Add up all the values to get the total score, which ranges from 0 to 20. Interpretation of the total score: 0 to 4: Mild anxiety symptoms, 5 to 9: Moderate anxiety symptoms, 10 to 14: Moderately severe anxiety symptoms, 15 to 20: Severe anxiety symptoms