**GAD SEVERITY SCALE**

Use this scale to rate the severity of one or two target worries. Please circle the worries selected or describe them: Future; Own health; Other's health; Family well-being; Finances; Social relationships; Intimate relationships; Work; School; Routine daily activities; Other (please describe) -

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<th>item</th>
<th>details</th>
<th>scoring</th>
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| 1    | frequency of worries | how often do you worry about:  
……………………………………… [list target worry]?  
do you worry all day long? do you worry every day? on average, how much of each day is occupied with excessive, unrealistic worries? | 0. no worries  
1. slight: worry occupies less than 1 hr per day  
2. moderate: worries for 1 to 3 hrs per day  
3. severe: worries occur 3 to 8 hrs per day  
4. very severe: more than 8 hrs of worry per day |
| 2    | distress due to worrying | how much distress does worrying cause you? how upset or uncomfortable do you feel when you are worrying? | 0. none  
1. mild, not too disturbing  
2. moderate, definitely disturbing but still manageable  
3. severe, very intense and disturbing  
4. very severe, incapacitating |
| 3    | frequency of associated symptoms (restlessness, feeling keyed up or on edge, irritability, muscle tension, difficulty concentrating, mind going blank, fatigue, sleep disturbance) | over the past week, how often did you experience these symptoms? did you have these symptoms every day? on average, during how much of each day did you have one or more of these symptoms? | 0. not at all  
1. slight – symptoms present less than 1 hour per day  
2. moderate – symptoms for one to 3 hours per day  
3. severe – symptoms occur 3-8 hours per day  
4. very severe - symptoms are present more than 8 hours per day |
| 4    | severity & distress due to associated symptoms | during the past week, on average, when you had these symptoms, how intense were they? how much distress did these symptoms cause you? how upset or uncomfortable did you feel when you had them? | 0. none  
1. mild, noticeable but not too intense or disturbing  
2. moderate, definitely disturbing but still manageable  
3. severe, very intense and disturbing  
4. very severe, incapacitating |
| 5    | impairment or interference in work functioning | how much do the symptoms we have been discussing interfere with your ability to work and/or carry out responsibilities at home – our ability to get things done as quickly and effectively? are there things you are not doing because of your anxiety? does anxiety ever cause you to take short cuts or request assistance to get things done? | 0. none  
1. mild, slight interference, but overall performance not affected  
2. moderate, definite interference but still manageable  
3. severe, causes substantial impairment  
4. very severe, incapacitating |
| 6    | impairment or interference in social functioning | how much do the symptoms we have been discussing interfere with your social life? are you spending less time with friends and relatives than you used to? do you turn down opportunities to socialise? are there certain restrictions in your social life about where or how long you will socialise? | 0. none  
1. mild, slight interference, but overall performance not affected  
2. moderate, definite interference but still manageable  
3. severe, causes substantial impairment  
4. very severe, incapacitating |