

SEVERITY MEASURE FOR GENERALIZED ANXIETY DISORDER—CHILD AGE 11–17

The following questions ask about thoughts, feelings, and behaviors, often tied to concerns about family, health, finances, school, and work
Over the last 7 days have you... (Use “✓” to indicate your answer)

	Never	Occasionally	Half of the Time	All of the Time
1. Felt moments of sudden terror, fear, or fright	0	1	2	3
2. Felt anxious, worried, or nervous	0	1	2	3
3. Had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents	0	1	2	3
4. Felt a racing heart, sweaty, trouble breathing, faint, or shaky	0	1	2	3
5. Felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping	0	1	2	3
6. Avoided, or did not approach or enter, situations about which I worry	0	1	2	3
7. Left situations early or participated only minimally due to worries	0	1	2	3
8. Spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries	0	1	2	3
9. Sought reassurance from others due to worries yourself in some way?	0	1	2	3
10. Needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)	0	1	2	3



Total Score: _____

A score of 4 or higher indicates the presence of anxiety disorder symptoms and **seeking help is recommended.**

If you'd like to schedule an appointment with Bright Futures Psychiatry, [click here](#) to complete the appointment request form or visit <https://www.brightfuturespsychiatry.com/appointment-request/>.