

GENERALIZED ANXIETY DISORDER SCALE (GADS)

From MINI Tracking

Over the past week how much:

	not at all 0	a little 1	moderately 2	markedly 3	extremely 4
1. have you worried excessively and been anxious about several things?					
2. difficulty did you have controlling the worries or how much do they interfere with your ability to focus on what you are doing?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
3. did you feel restless, keyed up or on edge?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
4. did you feel tired, weak or exhausted easily?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
5. difficulty did you have concentrating or find your mind going blank?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
6. irritability did you feel?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
7. muscle tension did you feel?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
8. difficulty did you have sleeping (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)?	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

TOTAL