SECTION GC: GENERALIZED ANXIETY DISORDER

GC1. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

1. YES
5. NO

GC1a. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

1. YES
5. NO → TURN TO P. 101, SECTION GG

GC2. Has that period ended or is it still going on?

1. ENDED

GC2a. How many months or years did it go on before it ended?

_____ # OF MONTHS

OR

_____ # OR YEARS

89: [IF VOL]: "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER"

IWER: USE PAST TENSE OPTION FOR REST OF SECTION

2. STILL GOING ON

GC2b. How many months or years has it been going on?

_____ # OF MONTHS

OR

_____ # OF YEARS

89. [IF VOL.]: "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER"

IWER: USE PRESENT TENSE OPTION FOR REST OF SECTION

GC3. INTERVIEWER CHECKPOINT

☐ 1. GC2a/GCb IS SIX MONTHS OR LONGER, OR R VOLUNTEERED: "ALL MY LIFE OR "AS LONG AS I CAN REMEMBER"

☐ 2. GC2a/GC2b IS LESS THAN SIX MONTHS → TURN TO P.101, SECTION GG

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GC4. (Did/Do) you worry most days?

1. YES	5. NO

GC5. (Did/Do) you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

1. ONE THING	2. MORE THAN ONE THING

GC6. (Did/Do) you find it difficult to stop worrying?

1. YES	5. NO

GC7. (Did/Do) you ever have different worries on your mind at the same time?

1. YES	5. NO

GC8. How often (was/is) your worry so strong that you (couldn't/can't) put it out of your mind no matter how hard you (tried/try) – often, sometimes, rarely, or never?

1. OFTEN	2. SOMETIMES	3. RARELY	4. NEVER

GC9. How often (did/do) you find it difficult to control your worry -- often, sometimes, rarely, or never?

1. OFTEN	2. SOMETIMES	3. RARELY	4. NEVER

GC10. When you (are/were) worried or anxious, (are/were)you also...

	YES (1)	NO (5)
a. Restless?		
b. (Are/Were)you keyed up or on edge?		
c. (Are/Were) you more irritable than usual?		
d. (Does/Did) your heart pound or race?		
e. (Are/Were) you easily tired?		
f. (Do/Did) you have trouble falling asleep or staying asleep?		
g. (Do/Did) you feel dizzy or lightheaded?		

GC11. INTERVIEWER CHECKPOINT

☐ 1. 0-1 YES RESPONSES IN GC10a-g → TURN TO P. 101, SECTION GG

☐ 2. ALL OTHERS

GC12. Did you tell a doctor about your worry or about the problems it was causing? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

1. YES 5. NO

GC13. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional?)

1. YES 5. NO

GC14. Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing?

1. YES	5. NO

GC15. How much (did/does) the worry or anxiety interfere with your life or activities – a lot, some, a little, or not at all?

1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL