Geriatric Anxiety Scale

Full Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx **Date Submitted:** January 31, 2022

Instructions: Below is a list of anxiety/stress symptoms. Please indicate how often you experienced each symptom during the past week up to now before answering the scale.

ITEM	Not at all	Sometimes	Most of the time	All of the time
1. My heart raced or beat strongly.	0 ○	1 ○	2 ◉	3 ○
2. My breath was short.	0 ○	1 ○	2 ◉	3 ○
3. I had an upset stomach.	0 ○	1 ○	2 ◉	3 ○
4. I felt like things were not real or like I was outside of myself.	0 ○	1 ○	2 ◉	3 ○
5. . I felt like I was losing control.	0 ○	1 ○	2 ◉	3 ○
6. I was afraid of being judged by others.	0 ○	1 ○	2 ◉	3 ○
7. I was afraid of being humiliated or embarrassed.	0 ○	1 ○	2 ◉	3 ○
8. I had difficulty falling asleep.	0 ○	1 ○	2 ◉	3 ○
9. I had difficulty staying asleep.	0 ○	1 ○	2 ◉	3 ○
10. I was irritable.	0 ○	1 ○	2 ◉	3 ○
11. I had outbursts of anger.	0 ○	1 ○	2 ◉	3 ○
12. I had difficulty concentrating.	0 ○	1 ○	2 ◉	3 ○
13. I was easily startled or upset.	0 ○	1 ○	2 ◉	3 ○
14. I was less interested in doing something I typically enjoy.	0 ○	1 ○	2 ◉	3 ○
15. I felt detached or isolated from others.	0 ○	1 ○	2 ◉	3 ○
16. I felt like I was in a daze.	0 ○	1 ○	2 ◉	3 ○
17. I had a hard time sitting still.	0 ○	1 ○	2 ◉	3 ○
18. I worried too much.	0 ○	1 ○	2 ◉	3 ○
19. I could not control my worry.	0 ○	1 ○	2 ◉	3 ○
20. I felt restless, keyed up, or on edge.	0 ○	1 ○	2 ◉	3 ○
21. I felt tired.	0 ○	1 ○	2 ◉	3 ○
22. My muscles were tense.	0 ○	1 ○	2 ◉	3 ○
23. I had back pain, neck pain, or muscle cramps.	0 ○	1 ○	2 ◉	3 ○
24. I felt like I had no control over my life.	0 ○	1 ○	2 ◉	3 ○
25. I felt like something terrible was going to happen to me.	0 ○	1 ○	2 ◉	3 ○
26. I was concerned about my finances.	0 ○	1 ○	2 ◉	3 ○
27. I was concerned about my health	0 ○	1 ○	2 ◉	3 ○

28. I was concerned about my children.	0 ○	1 ○	2 ◉	3 ○
29. I was afraid of dying.	0 ○	1 ○	2 ◉	3 ○
30. 30. I was afraid of becoming a burden to my family or children.	0 ○	1 ○	2 ◉	3 ○

Scoring

The total score will be the sum of Items 1 to 25. There are also subscale scores to calculate:

- Somatic = Items 1-3, 8, 9, 17, 21-23 **Total Score:** 18
- Cognitive = Items 4-5, 12, 16, 18-19, 24-25 **Total Score:** 16
- Affective = Items 6, 7, 10-11, 13-15, 20 **Total Score:** 16
- **Overall Total Score:** 50

Additional Comments

Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. Journal of Anxiety Disorders, 24, 709-714.