

Geriatric Anxiety Scale (GAS) – Version 2.0

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Below is a list of common symptoms of anxiety or stress. Please read each item in the list carefully. Indicate how often you have experienced each symptom during the PAST WEEK, INCLUDING TODAY by checking under the corresponding answer.

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

GAS – Version 2.0 Scoring Instructions

Items 1 through 25 are scorable items. Each item ranges from 0 to 3. Each item loads on only one scale.

Items 26 through 30 are used to help clinicians identify areas of concern for the respondent. They are not used to calculate the total score of the GAS or any subscale.

Total Score = sum of items 1 through 25.

Somatic subscale (9 items) = sum of items 1, 2, 3, 8, 9, 17, 21, 22, 23

Cognitive subscale (8 items) = sum of items 4, 5, 12, 16, 18, 19, 24, 25

Affective subscale (8 items) = sum of items 6, 7, 10, 11, 13, 14, 15, 20

GAS Subscales and Their Items

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

The primary citation for the GAS is as follows:

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.

A full bibliography of the GAS is available upon request (email me at: dsegal@uccs.edu). If you are interested in translating the GAS into other languages, I would welcome the opportunity to work with you. Please email me to discuss the details.