

Geriatric Anxiety Scale – 10 Item Version (GAS-10)

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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. I was irritable.				
2. I felt detached or isolated from others.				
3. I felt like I was in a daze.				
4. I had a hard time sitting still.				
5. I could not control my worry.				
6. I felt restless, keyed up, or on edge.				
7. I felt overly tired.				
8. My muscles were tense.				
9. I felt like I had no control over my life.				
10. I felt like something terrible was going to happen to me.				

GAS-10 Scoring Instructions

Items 1 through 10 are summed to provide a Total Score. Each item ranges from 0 to 3.

Score Distribution for GAS-10 (N = 556)

Raw	T-Score	Percentile	Descriptive Category
1	42	21	Minimal
2	44	30	Minimal
3	46	34	Minimal
4	48	45	Minimal
5	51	53	Minimal
6	53	63	Minimal
7	55	70	Mild
8	57	75	Mild
9	59	82	Mild
10	61	90	Moderate
12	66	95	Severe
14	70	98	Severe
16	74	99	Severe
18	79	99	Severe
24	92	99	Severe
30	104	99	Severe

The primary citations for the GAS are 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.

Mueller, A. E., Segal, D. L., Gavett, B., Marty, M. A., Yochim, B., June, A., & Coolidge, F. L. (2015). Geriatric Anxiety Scale: Item response theory analysis, differential item functioning, and creation of a ten-item short form (GAS-10). *International Psychogeriatrics*, 27, 1099-1111.