

Geriatric Anxiety Scale (GAS)

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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 overly 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 family or children.				
29. I was afraid of dying.				
30. I was afraid of becoming a burden to my family or children.				

GAS 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 a part of any subscale. That is, the content items are not scored on the measure.

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 overly 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.

Table 1. *Standard Score Distribution for GAS Total Scale Scores (N = 542)*

Raw	T-Score	Percentiles	Descriptive Category
1	39	13	Minimal
2	40	16	Minimal
3	41	18	Minimal
4	42	21	Minimal
5	43	25	Minimal
6	44	27	Minimal
7	45	32	Minimal
8	46	34	Minimal
9	47	37	Minimal
10	48	45	Minimal
11	49	47	Minimal
12	50	50	Mild
13	51	53	Mild
14	52	55	Mild
15	53	63	Mild
16	54	67	Mild
17	55	70	Mild
18	56	73	Mild
19	57	75	Mild
20	58	81	Mild
21	59	82	Mild
22	60	84	Moderate
23	61	87	Moderate
24	62	88	Moderate
25	63	91	Moderate
26	64	93	Moderate
27	65	94	Moderate
28	66	95	Severe
29	67	95	Severe
30	68	97	Severe
31	69	97	Severe
32	70	98	Severe
33	71	98	Severe
34	72	99	Severe
35	73	99	Severe
36	74	99	Severe
37	74	99	Severe
38	76	99	Severe
39	78	99	Severe
40	78	99	Severe
41	79	99	Severe
42	80	99	Severe
43	81	99	Severe
46	84	99	Severe
47	85	99	Severe
48	86	99	Severe
54	92	99	Severe

Table 2. *Score Distribution for GAS Subscale Scores**Somatic (N = 566)*

Raw	T-Score	Percentile	Descriptive Category
1	38	13	Minimal
2	41	19	Minimal
3	43	25	Minimal
4	45	32	Minimal
5	48	45	Minimal
6	50	50	Mild
7	53	63	Mild
8	55	70	Mild
9	58	81	Mild
10	60	84	Moderate
11	62	88	Moderate
12	65	94	Moderate
13	67	95	Severe
14	70	98	Severe
15	72	99	Severe
16	75	99	Severe
17	77	99	Severe
18	79	99	Severe
19	82	99	Severe
20	84	99	Severe
27	101	99	Severe

Affective (N = 560)

Raw	T-Score	Percentile	Descriptive Category
1	43	25	Minimal
2	46	34	Minimal
3	49	47	Minimal
4	52	55	Mild
5	55	70	Mild
6	58	81	Mild
7	61	87	Moderate
8	63	91	Moderate
9	66	95	Severe
10	69	97	Severe
11	72	99	Severe
12	75	99	Severe
14	81	99	Severe
16	87	99	Severe
18	93	99	Severe
24	110	99	Severe

Cognitive (N = 563)

Raw	T-Score	Percentile	Descriptive Category
1	45	32	Minimal
2	47	37	Minimal
3	50	50	Mild
4	53	63	Mild
5	56	73	Mild
6	59	82	Mild
7	62	88	Moderate
8	64	93	Moderate
9	67	95	Severe
10	70	98	Severe
12	76	99	Severe
14	81	99	Severe
16	87	99	Severe
18	93	99	Severe
24	110	99	Severe