



IONA CANNABIS CLINIC

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Generalized Anxiety Disorder (300.02)

Do you have anxiety and worry:

- | | |
|---|--------|
| A. More days than not for at least 6 months? | Yes/No |
| B. Do you have difficulty controlling the worry? | Yes/No |
| C. Does the anxiety causes distress to you? | Yes/No |
| D. The anxiety is independent of drugs. | Yes/No |
| E. The anxiety is independent of other medical conditions. | Yes/No |
| F. The anxiety and worry are associated with 3 or more of the below symptoms. | |
| 1. Restlessness, feeling keyed up or on edge. | |
| 2. Being easily fatigued. | |
| 3. Difficulty concentrating or mind going blank. | |
| 4. Irritability. | |
| 5. Muscle tension. | |
| 6. Sleep disturbance | |

Print Name: _____ **Date:** _____

X _____