



# GAD Doctor Discussion Guide

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## 3. Record all the ways you have attempted to treat your anxiety.

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Listed below are a number of treatment options and ways to cope with anxiety symptoms.

Check the boxes next to the methods you have used to try to treat your anxiety symptoms.

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|---|--|--|
| <input type="checkbox"/> Medication                 | <input type="checkbox"/> Balanced diet | <input type="checkbox"/> Relaxing or sleeping more |
| <input type="checkbox"/> Talk therapy or counseling | <input type="checkbox"/> Exercise      | <input type="checkbox"/> Other _____               |

## 4. List all medications you are currently taking.

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In the space below, list all the medications you are currently taking. This should include all prescribed medications, over-the-counter medications, herbal supplements, and vitamins.

Knowing all of the medicines you are taking can help your healthcare provider determine which treatment is most appropriate for you.

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