

## Generalized Anxiety Disorder 7-item (GAD-7) scale

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Total each column				

**A.** How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all  
  Somewhat difficult  
  Very difficult  
  Extremely difficult

Comments:

**For Office Use Only:**

Total score: \_\_\_\_\_