

Generalized Anxiety Disorder (GAD-7) Scale



Patient Information				
Date of Service:				
Patient Name:				
Date of Birth:				
Sex:				
Questionnaire				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Please circle your answers)	Not at all	Several days	More than half the days	Nearly Everyday
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 easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
	0	1	2	3
Please calculate totals for each column and combine for Total Score.				
<p>I you checked off any of the above problems, how difficult have these problems made it for to do your work, take care of things at home, or get along with other people:</p> <p>___ Not difficult at all ___ Somewhat difficult ___ Very difficult ___ Extremely difficult</p>				
Total Score				