



GAD 7 Anxiety Scale

Over the last 2 weeks, how often have you been bothered by the following problems?

- 1) None or a little of the time.
- 2) Some of the time.
- 3) Good part of time.
- 4) Most or all of the time.

1) Feeling nervous, anxious, or on edge. * ☐ 1 ☐ 2 ☐ 3 ☐ 4

2) Not being able to stop or control worrying. * ☐ 1 ☐ 2 ☐ 3 ☐ 4

3) Worrying too much about different things. * ☐ 1 ☐ 2 ☐ 3 ☐ 4

4) Trouble relaxing * ☐ 1 ☐ 2 ☐ 3 ☐ 4

5) Being so restless that it's hard to sit still. * ☐ 1 ☐ 2 ☐ 3 ☐ 4

6) Becoming easily annoyed or irritable. * ☐ 1 ☐ 2 ☐ 3 ☐ 4

7. Feeling afraid as if something bad might happen. ☐ 1 ☐ 2 ☐ 3 ☐ 4

Please total your score.

If you checked off any problems, how difficult have these 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____