



General Anxiety Disorder-7 Assessment

Name: First name Last name

DOB: Date of birth

Today's Date: *

**Over the last two weeks, how often have you experienced these symptoms?
Choose one answer per question.**

1. Feeling nervous, anxious, or on edge? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

2. Not being able to stop or control worrying? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

3. Worrying too much about different things? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

4. Trouble relaxing? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

5. Being so restless that it is hard to sit still? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

6. Becoming easily annoyed or irritable? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

7. Feeling afraid as if something awful might happen? *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half the days

☐

3.
Nearly every day

TOTAL SCORE: *

Add the score

If you checked any problems, how difficult have they 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

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

- 0–4: minimal anxiety
- 5–9: mild anxiety
- 10–14: moderate anxiety
- 15–21: severe anxiety