

GAD-7 Anxiety Screen

Screening: Generalized Anxiety Disorder

For Office Use

5-9 mild anxiety
10-14 moderate anxiety
15-21 severe anxiety

Instructions: The following questions ask about thoughts, feeling, and behaviors, often tied to concerns about family, health, finances, school, and work. **Please respond to each item by checking one box per row.**

GAD-7

How often have you been bothered by the following OVER THE PAST 2 WEEKS?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being so restless that it's hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>