

The Generalized Anxiety Disorder 7-Item Scale

| Over the <u>last 2 weeks</u> , how often have you been bothered by 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 is 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 |

Total Score: = **Add Columns** _____ + _____ + _____

If you checked off any problems, 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 at all **Somewhat difficult** **Very difficult** **Extremely Difficult**
 _____ _____ _____ _____

Interpreting the Score:

| Total Score | Interpretation |
|-------------|--|
| ≥10 | Possible diagnosis of GAD; confirm by further evaluation |
| 5 | Mild Anxiety |
| 10 | Moderate anxiety |
| 15 | Severe anxiety |