



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Generalized Anxiety Disorder Questionnaire (GAD-7)

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

1. Feeling nervous, anxious or on edge?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

2. Not being able to stop or control worrying?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

3. Worrying too much about different things?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

4. Trouble relaxing?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

5. Being so restless that it is hard to sit still?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

6. Becoming easily annoyed or irritable?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

7. Feeling afraid as if something awful might happen?  Not at all  
 Several days  
 More than half the days  
 Nearly every day

The GAD-7 score is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day', respectively, and adding together the scores for the seven questions.

TOTAL SCORE

- |          |                         |
|----------|-------------------------|
| 0 Points | Not at all              |
| 1 Point  | Several days            |
| 2 Points | More than half the days |
| 3 Points | Nearly every day        |

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