GAD-7

Generalized Anxiety Disorder-7

Name: _____ Date: _____

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

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
Feeling nervous, anxious, or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it is hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid as if something awful might happen	☐	☐	☐	☐

Total 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 reference: 0-4 minimal | 5-9 mild | 10-14 moderate | 15-21 severe

GAD-7 is a screening measure and does not by itself establish a diagnosis.

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. Arch Intern Med. 2006;166:1092-1097.