**NYCCC**

**Generalized Anxiety Disorder Screener (GAD-7)**

**Please circle one response for each item.**

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| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by the following problems?** | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| Feeling nervous, anxious or on edge. | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying. | 0 | 1 | 2 | 3 |
| Trouble relaxing. | 0 | 1 | 2 | 3 |
| Being so restless that it is hard to sit still. | 0 | 1 | 2 | 3 |
| Becoming easily annoyed or irritated. | 0 | 1 | 2 | 3 |
| Feeling afraid as if something awful might happen. | 0 | 1 | 2 | 3 |
| *For office coding* |  |  |  |  |