

Generalized Anxiety Disorder Scale (GAD-7)

Client Name First name Last name

DOB Date of birth

MRN MRN

Diagnosis Diagnosis

Clinician First name Last name Job title License number

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

1. Feeling nervous, anxious, or on edge

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ Over half the days (2)
- ☐ Nearly every day (3)

2. Not being able to stop or control worrying

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ Over half the days (2)
- ☐ Nearly every day (3)

3. Worrying too much about different things

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ Over half the days (2)
- ☐ Nearly every day (3)

4. Trouble relaxing

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ Over half the days (2)
- ☐ Nearly every day (3)

5. Being so restless that it's hard to sit still

- ☐ Not at all (0)
- ☐ Several days (1)

☐ Over half the days (2)

☐ Nearly every day (3)

6. Becoming easily annoyed or irritable

☐ Not at all (0)

☐ Several days (1)

☐ Over half the days (2)

☐ Nearly every day (3)

7. Feeling afraid as if something awful might happen

☐ Not at all (0)

☐ Several days (1)

☐ Over half the days (2)

☐ Nearly every day (3)

Total Score (add your scores) = 11

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 GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

- 0–4: minimal anxiety
- 5–9: mild anxiety
- 10–14: moderate anxiety
- 15–21: severe anxiety