

Generalized Anxiety Disorder 7-Item Assessment (GAD-7)

Patient Name: _____

Today's Date: _____

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

(Use the check boxes to indicate your answer)

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

Total score: _____