

## Generalized Anxiety Disorder Scale (GAD-7)

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

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

Over the last 2 weeks, have you felt bothered by any of these things?	Not at all	Several Days	More than half the days	Nearly Every day
1. Feeling nervous, anxious, or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3
3. Worrying too much about different things?	0	1	2	3
4. Trouble relaxing?	0	1	2	3
5. Being so restless that it is hard to sit still?	0	1	2	3
6. Becoming easily annoyed or irritable?	0	1	2	3
7. Feeling afraid as if something awful might happen?	0	1	2	3

Total \_\_\_\_\_

**If you checked off any problems, how difficult have these problems made it for you to do your work, take care of the things at home, or get along with other people?**

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult