

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