GAD-7 Scale

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date·\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mark the box most accurate for you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several Days | More than half the days | Nearly every day |
| 1. Feeling nervous, anxious, or on edge
 |  |  |  |  |
| 1. Not being able to stop or control worrying
 |  |  |  |  |
| 1. Not being able to stop or control worrying
 |  |  |  |  |
| 1. Trouble relaxing
 |  |  |  |  |
| 1. Being so restless that it’s hard to sit still
 |  |  |  |  |
| 1. Becoming easily annoyed or irritable
 |  |  |  |  |
| 1. Feeling afraid as if something awful might happen
 |  |  |  |  |

TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you checked off any problems, how difficult have Not difficult at all \_\_\_\_\_\_\_\_

these problems made it for you to do your work, take

care of things at home, or get along with other people? Somewhat difficult \_\_\_\_\_\_\_\_

 Very difficult \_\_\_\_\_\_\_\_

 Extremely difficult \_\_\_\_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Inern Med. 2006;166:1092-1097.