

Generalized Anxiety Disorder 7 – Item (GAD-7) Scale

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

	(0) Not at All	(1) Several Days	(2) Over Half the Days	(3) Nearly Every Day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it's hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				
<i>Add score for each column</i>	+	+	+	
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these 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

Date completed: _____

PLACE PATIENT LABEL HERE