



NAME _____

DATE _____

Generalized Anxiety Disorder GAD-7

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

(Circle the number to indicate your answer.)

Not at all	Several days	More than half the days	Nearly every day
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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 SCORE _____