

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

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

## GAD-7

Over the **last 2 weeks**, how often have you been bothered by the following problems?  
(Circle to indicate your answer)

	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

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

**For office coding: Total Score** \_\_\_\_\_