

Name:

Date of Birth:

Date:

Generalized Anxiety Disorder Screener (GAD-7)

Over the last 2 weeks, how often have you been bothered by the following problems?	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 irritated	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
	Add Columns			
	Total Score			
8. If you checked yes to any of these problems, how difficult have these problems made it for you to do your work, take care of things at home, or to get along with other people?	Not difficult at all	Somewhat Difficult	Very Difficult	Extremely Difficult

When did your symptoms begin? _____