

## GENERALIZED ANXIETY DISORDER QUESTIONNAIRE (GAD-7)

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

**Instructions:** The GAD-7 is a rapid screening tool for the presence of a clinically significant anxiety disorder, especially in outpatient settings. It can also be administered repeatedly, to monitor changes of depressive symptoms in response to treatment. It objectively determines initial symptoms severity and monitor symptom changes/effect of treatment over time. *However, the GAD-7 is also sensitive to severity of symptoms of social phobia, post-traumatic stress disorder, and panic disorder.*

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All (0)	Several Days (1)	More Than Half The Days (2)	Nearly Every Day (3)	Score
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					
Total/ Raw Score =					

8. If you checked off any problems, how difficult have those problems 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