

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

Name: _____ Date: _____

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

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

If any of the above problems were identified, 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

A score of 10 or greater indicates that further evaluation is required.

Scoring Criteria: Total score (adding all the numbers) provides a possible score from 0-21.

GAD-7 Total Score Symptom Range

- 0-4 Minimal Anxiety
- 5-9 Mild Anxiety
- 10-14 Moderate Anxiety
- 15-21 Severe Anxiety