

# Generalized Anxiety Disorder Screening (GAD-7)

Patient Name: \_\_\_\_\_ Patient Number: \_\_\_\_\_ Date : \_\_\_\_\_

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
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 is hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

**Total Score:** \_\_\_\_\_

## Notes on GAD-7

Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 is also suitable for three other common anxiety disorders – panic disorder, social anxiety, and post-traumatic stress disorder (though it is desirable to use additional disorder-specific questionnaires).

## Scoring

- 5-9 Mild Anxiety
- 10-14 Moderate Anxiety
- 15+ Severe Anxiety