GAD-7

Generalized Anxiety Disorder

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

Check one box for each statement.

	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	☐	☐	☐	☐
For office coding: column subtotals	**0**	____	____	____

If you checked off any problems, how difficult have these 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

TOTAL SCORE _____ / 21 Add items 1-7 only; do not score the difficulty question.

Score guide: 0-4 Minimal 5-9 Mild 10-14 Moderate 15-21 Severe

Developed by Spitzer, Williams, Kroenke and colleagues with an educational grant from Pfizer Inc.