

# Generalized Anxiety Disorder Screen (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (*circle your answer*)

	Not at All	Several Days	More than half the days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritated	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
<b>TOTAL</b>				

Add up the total of all the numbers you circled on the questionnaire. Place that score on the line below. Use the table below to interpret your results.

Score: \_\_\_\_\_

<b>Normal</b>	0-4
<b>Mild Anxiety</b>	5-9
<b>Moderate Anxiety</b>	10-14
<b>Severe Anxiety</b>	15-21

Make an appointment with your medical or behavioral health provider if you would like to talk about your results.

