



**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. Feelings afraid as if something awful might happen.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Add Score: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total: \_\_\_\_\_

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

**GAD-7 Important Notes and Scoring**

The GAD-7 is based on the diagnostic criteria for GAD described in DSM-IV. However, the GAD-7 is also sensitive to severity of symptoms of social phobia, post-traumatic stress disorder, and panic disorder.

**Please note:** This questionnaire is designed for use by a health professional. Since the questionnaire rely on patient self-report, all responses should be verified by the clinician and a diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient (e.g., presence of DSM-IV GAD symptoms). A diagnosis of Generalized Anxiety Disorder should not be made based on GAD-7 scores alone.

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