

GENERALIZED ANXIETY DISORDER (GAD-7) SCALE

Date: _____

Name: _____

DOB: _____

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

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

PROBLEM	0	1	2	3
A. Feeling nervous, anxious, or on edge				
B. Not being able to stop or control worrying				
C. Worrying too much about different things				
D. Trouble relaxing				
E. Being so restless that it is hard to sit still				
F. Becoming easily annoyed or irritable				
G. Feeling afraid as if something awful might happen				

Column totals _____ + _____ + _____ + _____

= Total score: _____

Interpreting scores:

0–4: Minimal anxiety 5–9: Mild anxiety 10–14: Moderate anxiety 15–21: Severe anxiety