

# GAD-7 Anxiety Scale

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Over the last two weeks, how often have you been bothered by the following problems?

	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 irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
<b>Total Score*</b> _____				

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?

<b>Circle One:</b>	<b>Not difficult at all</b>	<b>Somewhat difficult</b>	<b>Very difficult</b>	<b>Extremely difficult</b>
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