

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

**Generalized Anxiety Disorder-7 (GAD-7)**

Over the last 2 weeks, on how many days have you been bothered by any of the following problems?	Not at all	Several Days	More than half of the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

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
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