

GAD-7 (Generalized Anxiety Disorder-7)

Anxiety Screening Tool

Patient Name:

DOB:

Date:

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

Not at all (0) Several days (1) More than half the days (2) Every day (3)

- 1. Feeling nervous, anxious, or on edge
- 2. Not being able to stop or control worrying
- 3. Worrying too much about different things
- 4. Trouble relaxing
- 5. Being so restless that it is hard to sit still
- 6. Becoming easily annoyed or irritable
- 7. Feeling afraid as if something awful might happen

Total Score:

Severity Guide: 0–4 Minimal | 5–9 Mild | 10–14 Moderate | 15–21 Severe