

GAD-7 anxiety scale

| | Not at all | Several days | More than half the days | Nearly every day |
|--|----------------------|--------------------|-------------------------|---------------------|
| Over the last two weeks, how often have you been bothered by the following problems? | | | | |
| 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 that 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 |
| Total score*¶ _____ = | Add Columns | _____ + | _____ + | _____ |
| 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? | | | | |
| Circle one | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |

* Score: 5 to 9 = mild anxiety; 10 to 14 = moderate anxiety; 15 to 21 = severe anxiety.

¶ This is a form that can be printed out and filled out by hand rather than a calculator that can be filled in online.

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