



Gilbert Center for Family Medicine

Generalized Anxiety Disorder - 7 (GAD 7)

First name

Last name

Date

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

	Not at all	Several Days	More than half the days	Nearly everyday
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

Total Score

Interpretation of total score:

0-4 Minimal
5-9 Mild
10-14 Moderate
15-21 Severe

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?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult