

Generalized Anxiety Disorder (GAD-7)

Name: _____

Date of Birth: _____ Today's Date: _____

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

**Not at all
sure**

**Several
days**

**More
than half
the days**

**Nearly
every day**

1. Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3. Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
4. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5. Being so restless that it's hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
6. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
7. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
8. If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?	<table style="width: 100%; border: none;"> <tbody> <tr> <td style="padding-right: 20px;">Not difficult at all</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Somewhat difficult</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Very difficult</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Extremely difficult</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>				Not difficult at all	<input type="checkbox"/>	Somewhat difficult	<input type="checkbox"/>	Very difficult	<input type="checkbox"/>	Extremely difficult	<input type="checkbox"/>
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