GAD-7 Anxiety Screening

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

Please cross one in each line

	Not at all	*Several days*	*More than half the days*	*Nearly every day*
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	◯	◯	◯	◯

Impact on daily life

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? *(Please cross one)*

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

Scoring: assign 0, 1, 2, and 3 to the response columns from left to right, then add the scores for the 7 items. Total scores of 5, 10, and 15 represent cut-off points for mild, moderate, and severe anxiety. A score of 10 or greater warrants further evaluation.

To respond ⊗ or ●