



## General Anxiety Disorder Questionnaire (GAD-7)

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The questions below ask about how often and how severe you may experience anxiety symptoms over the past two weeks. Please help us provide you with the best medical care by answering the following questions.

Over the <b>last 2 weeks</b> , how often have you been bothered by the following problems?		Several	More than half the	Nearly
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 irritated	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<b>Total score of all your answers:</b> _____				
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

When did the symptoms begin? \_\_\_\_\_

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**For the practitioner/clinician:**

Scoring and Interpretation:

<b>1 – 4 points</b>	<b>5 - 9 points</b>	<b>10 – 14 points</b>	<b>15 – 21 points</b>
Minimal anxiety	Mild anxiety	Moderate anxiety	Moderate to severe anxiety
Treatment for anxiety may not be clinically indicated.	Uses clinical judgement about treatment needs based upon knowledge of the patient, duration and severity of symptoms	Treatment goals and interventions target the specific symptoms indicated by patient's answers.	Treatment goals and interventions target the specific symptoms indicated by patient's answers. This score often warrants treatment using medication, therapy, or both.