


# Generalized Anxiety Disorder 7-item (GAD-7) Scale

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Over the **last 2 weeks**, how often have you been bothered by any of the following problems? Use a  to indicate your answer.

	Not at all	Several days	More than half the days	Nearly every day
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's 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

Add columns

+  +

TOTAL

10. 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

## Scoring the Generalized Anxiety Disorder 7-item (GAD-7)

1. Add up all the checked boxes on the GAD-7

2. For every check:

Not at all=0

Several days=1

More than half the days=2

Nearly every day=3

3. Interpretation of the Total score:

Total Score	Interpretation
≥10	Possible diagnosis of GAD; confirm by further evaluation
5-9	Mild anxiety
10-14	Moderate anxiety
15	Severe anxiety