



Generalized Anxiety Disorder (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle the number to indicate your answer. If you are in between a choice, please choose the number you are leaning more towards. If you are exactly in between, please choose the higher number.

	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 is 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
For office coding	0	+	+	+

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
☐

Patient Name: _____ Patient Birthdate: _____ Today's Date: _____