

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

Patient Name	DOB Female		
Provider Name	Date	Male Other	

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

	Not At All	Several Days	Over Half The Days	Nearly Everyday
1. Feeling nervous, anxious, or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it's hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				



NOTES: