

## General Anxiety Disorder Questionnaire (GAD- 7)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Read each item carefully and circle your best answer.**

A. Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
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

Total

Directions for Use:

- If score is  $\geq 5$ , make a phone call to their primary provider or a mental health professional, with client consent. Share screening information and concerns with provide