

GAD-7 Anxiety Screening Tool

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Internal Medicine 2006 166:1092-1097.



Name: _____

Date: _____

Over the **past 2 weeks**, how often have you been bothered by any of the following problems? Circle one answer for each question.

<p>1. Feeling nervous, anxious, or on edge</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	<p>5. Being so restless that it is hard to sit still</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>
<p>2. Not being able to stop or control worrying</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	<p>6. Becoming easily annoyed or irritable</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>
<p>3. Worrying too much about different things</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	<p>7. Feeling afraid, as if something awful might happen</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>
<p>4. Trouble relaxing</p> <p>Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)</p>	

If you circled any problems, how difficult have they 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

≥5: Mild Anxiety Symptoms
>10: Moderate Anxiety Symptoms
>15: Severe Anxiety Symptoms

Score: _____