

## GAD-7 Screening Questions

|  | During the last 2 weeks, how often have you been bothered by the following problems? | 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                |
| Total Score: _____ = Add columns: _____ + _____ + _____  |  |                          |                          |                          |                  |
| 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      |                  |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |