

GAD-7 Generalized Anxiety Disorder Scale

Anxiety Screening and Monitoring Tool

Patient Name: _____ Date: _____

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

Not at all Several days More than Nearly
half the days every day

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 is hard
to sit still

6. Becoming easily annoyed or
irritable

7. Feeling afraid, as if something
awful might happen

TOTAL SCORE: _____

Scoring: 0-4 Minimal anxiety, 5-9 Mild anxiety, 10-14 Moderate anxiety, 15-21 Severe anxiety

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

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