# **GAD-7**

**How often during the past 2 weeks have you felt bothered by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| 1. Feeling nervous, anxious, or on edge?
 | 0 | 1 | 2 | 3 |
| 1. Not being able to stop or control worrying?
 | 0 | 1 | 2 | 3 |
| 1. Worrying too much about different things?
 | 0 | 1 | 2 | 3 |
| 1. Trouble relaxing?
 | 0 | 1 | 2 | 3 |
| 1. Being so restless that it is hard to sit still?
 | 0 | 1 | 2 | 3 |
| 1. Becoming easily annoyed or irritable?
 | 0 | 1 | 2 | 3 |
| 1. Feeling afraid as if something awful might happen?
 | 0 | 1 | 2 | 3 |
|  | **Not difficult at all** | **Somewhat difficult** | **Difficult** | **Very difficult** |
| 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? | 0 | 1 | 2 | 3 |

**Scoring**

The GAD-7 score is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of “not at all,” “several days,” “more than half the days,” and “nearly every day” respectively FOR QUESTIONS 1 to 7, and then adding together the scores for the seven questions.

The last question assess functional impairment.

For more information www.phqscreeners.com/select-screener