

Anxiety Scale Questionnaire (GAD-7)

Over the last 2 weeks, how often have you been bothered by the following problems?
(Please circle your answers)

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

Total Score: _____

5-9 Mild anxiety	10-14 Moderate anxiety	15-21 Severe anxiety
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If you circled any numbers other than 0, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? *(Circle your answer)*

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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