**GAD-7 GENERAL ANXIETY FORM**

This form has 7 statements about how you often you have been bothered by the problems

OVER THE LAST TWO WEEKS. Please read each statement and think how often you felt.

*(Please use a dark pen (not pencil) and tick clearly within the boxes)*

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| **Client Name:** |  | **Date:** |  |

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| **GAD-7****Over the last two weeks how often have you been bothered by the following problems?** | **Not at all****0** | **Several Days****1** | **More than half the days****2** | **Nearly every day****3** |
| 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’s hard to sit still |  |  |  |  |
| 6 | Becoming easily annoyed or irritable |  |  |  |  |
| 7 | Feeling afraid as it something awful might happen – awareness experimenting |  |  |  |  |
| **Total Score** |  |  |  |  |
| 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 |

**SCORING GAD-7 ANXIETY SEVERITY**

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety