Generalized Anxiety Disorder 7 (GAD-7)

Name: _____ Date: _____

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

1. Feeling nervous, anxious or on edge

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

2. Not being able to stop or control worrying

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

3. Worrying too much about different things

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

4. Trouble relaxing

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

5. Being so restless that it is hard to sit still

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

6. Becoming easily annoyed or irritable

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

7. Feeling afraid as if something awful might happen

[ ] Not at all	0
[ ] Several days	1
[ ] More than half the days	2
[ ] Nearly every day	3

Scoring

Sum of the seven item scores (0 to 3 each).

GAD-7 total score: _____ /21

Source: Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. Archives of Internal Medicine, 166(10), 1092-1097.
Online calculator and more: physiotutors.com/questionnaires