

0 = Not at all

## **GAD-7 Scale**

## Generalized Anxiety Disorder 7-item Scale (GAD-7) This scale does NOT indicate a mental health diagnosis.

It is a screener to help you decide if services may be beneficial.

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Please indicate severity by using the scale listed below.

| 1 = Several days 2 = More than half days 3 = Every day or nearly 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's hard to sit still                            |
| 6 Becoming easily annoyed or irritable                                     |
| 7 Feeling afraid as if something awful might happen                        |
| Questionnaire Score  |
| Add up the all the numbers for answers 1-7 above.                          |
| ·  |
| Total Score:   |

If you checked items above, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?