

Do not write, stamp, punch holes  
or affix a sticker in this area.

Direction of Feed  
**GAD-7 Scale**

Please answer every question

To reproduce, follow the  
printing instructions.  
Fold only on the dotted lines.

**Marking Instructions**

Please use a #2 pencil.  
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

Grid for patient's last name

PLEASE PRINT PATIENT'S FIRST NAME

Grid for patient's first name

PATIENT'S DATE OF BIRTH

Grid for patient's date of birth (Month, Day, Year)

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

	Not at all	Several days	More than half the days	Nearly every day
<i>please fold on dotted line</i>				
1. Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you checked off any problems, how difficult have these 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

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B, A brief measure for assessing generalized anxiety disorder. Arch Intern Med. 2006;1092-1097.

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