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

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month | Day | Year

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

please fold on dotted line

	Not at all	Several days	More than half the days	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	○	○	○	○

please fold on dotted line

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 brienf measure for assessing generalized anxiety disorder. Arch Inern Med. 2006;1092-1097.