

GAD-7 (Anxiety)



This questionnaire can help your health care team determine if you may have an anxiety disorder, and if you do have one, how severe your symptoms are.

Please answer the questions below.

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

Feeling nervous, anxious or on edge?	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Not being able to stop or control worrying	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Worrying too much about different things	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Trouble relaxing	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Being so restless that it is hard to sit still	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Becoming easily annoyed or irritable	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often
Feeling afraid as if something awful might happen	<input type="radio"/> Not at all	<input type="radio"/> Rarely	<input type="radio"/> Sometimes	<input type="radio"/> Often

GAD-7 SPITZER, RL, ET AL. A BRIEF MEASURE FOR ASSESSING GENERALIZED ANXIETY DISORDER. ARCH INT MED. 2006; 166(10):1092-1097