

# HEALING MINDS

## GAD-7 — Generalized Anxiety Disorder Screening Tool

Patient Name:

Date:

### 1. Feeling nervous, anxious, or on edge

Not at all  
Several days  
More than half the days  
Nearly every day

### 2. Not being able to stop or control worrying

Not at all  
Several days  
More than half the days  
Nearly every day

### 3. Worrying too much about different things

Not at all  
Several days  
More than half the days  
Nearly every day

### 4. Trouble relaxing

Not at all  
Several days  
More than half the days  
Nearly every day

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

Not at all  
Several days  
More than half the days  
Nearly every day

### 6. Becoming easily annoyed or irritable

Not at all  
Several days  
More than half the days  
Nearly every day

### 7. Feeling afraid as if something awful might happen

Not at all  
Several days  
More than half the days  
Nearly every day

### 8. If you checked any problems, how difficult have these problems made it for you at work, home, or with others?

Not difficult at all  
Somewhat difficult  
Very difficult  
Extremely difficult