

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