**GAD -7 ANXIETY**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Circle your Answers | Not at all | Several Days | More than half the days | Nearly every day |
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 1. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 1. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 1. Trouble relaxing | 0 | 1 | 2 | 3 |
| 1. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 1. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 1. Feeling afraid as if something awful   might happen | 0 | 1 | 2 | 3 |

**COLUMN TOTALS**: \_\_\_\_\_\_ + \_\_\_\_\_\_\_+ \_\_\_\_\_\_\_+ \_\_\_\_\_\_

**TOTAL SCORE:** = \_\_\_\_\_\_\_

If you circled **ANY** problems, how **DIFFICULT** have these problems made it for you to do your work, take care of things at home or get along with other people?

Mark X in box

|  |  |  |  |
| --- | --- | --- | --- |
| Not difficult at all | Somewhat difficult | Very Difficult | Extremely difficult |
|  |  |  |  |

Riccarton General Practice