

The Generalized Anxiety Disorder Scale (GAD-7) revised

Patient Name: _____

Date: _____

Over the past two weeks, how often have you been bothered by the following problems?
(circle answer for each of item)

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly everyday (3)
A. Feeling nervous, anxious or on edge.	(0)	(1)	(2)	(3)
B. Being unable to stop or control worrying.	(0)	(1)	(2)	(3)
C. Worrying too much about different things.	(0)	(1)	(2)	(3)
D. Having trouble relaxing.	(0)	(1)	(2)	(3)
E. Being so restless that it is hard to sit still.	(0)	(1)	(2)	(3)
F. Becoming easily annoyed or irritable.	(0)	(1)	(2)	(3)
G. Feeling afraid, as if something awful might happen.	(0)	(1)	(2)	(3)

Total Score: _____