

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### The Generalized Anxiety Disorder 7-Item Scale

Over the past 2 weeks, how often have you been bothered by the following problems?	Not at all	Sever al Days	More than half the days	Nearly everyd ay
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

**If you checked off 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?**

**Please circle one:**

**Not at All    Somewhat Difficult    Very Difficult    Extremely Difficult**