Center for Integrative Psychiatry
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Generalized Anxiety Disorder (Anxiety Assessment) (GAD-7) (With Auto Scoring)

Please answer the following 7 questions.

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

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

Total score: <5 (mild), <10 (moderate), <15 (severe)

GAD-7 Score: _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?	☐ Not difficult at all	☐ Somewhat difficult	☐ Very difficult	☐ Extremely difficult