GAD-7 — Seven-Symptom Checklist for Anxiety

Your Name:	Date:	Date:			
Over the last 2 weeks, how often have you been bothed item carefully, and circle your response. Then total your response item carefully.			g problems'	? Read each	
	Not at all	Several days	More than half the days	Nearly every day	
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	
	Add columns:	+	+		
	TOTAL	[]	
8. If you checked off any problem on this questionnaire so far, 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?		Not difficult at all Somewhat difficult Very difficult Extremely difficult			

Instructions – How to Score the GAD-7

GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively.

GAD-7 total score for the seven items ranges from 0 to 21.

Scores represent:

- 0-5 mild
- 6-10 moderate
- 11-15 moderately severe anxiety
- 15-21 severe anxiety

Functional Health Assessment

The instrument also includes a functional health assessment. This asks the client how emotional difficulties or problems impact work, things at home, or relationships with other people. Client responses can be one of four:

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

The last two responses suggest that the client's functionality is impaired. After treatment begins, functional status and number score can be measured to assess client improvement.