

Anxiety Screen Questionnaire

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?
(Use "v" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 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 |

Scoring:

- 5 – 9 Mild anxiety
- 10 – 14 Moderate anxiety
- 15 – 21 Severe anxiety

Total Score T _____ = _____ + _____ + _____