

GAD-7— Scoring Tally Sheet

Patient Name _____ Date _____

Therapist Name _____ Session # _____

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and check your response.

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
a. Feeling nervous, anxious, or on edge				
b. Not being able to stop or control worrying				
c. Worrying too much about different things				
d. Trouble relaxing				
e. Being so restless that it's hard to sit still				
f. Becoming easily annoyed or irritable				
g. Feeling afraid as if something awful might happen				
Totals				

2. 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 0	Somewhat Difficult 1	Very Difficult 2	Extremely Difficult 3

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Intern Med. 2006;166:1092-1097.