

GAD 7

Outcome tool

Name:

Date:

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

Use ✓ 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	

Column totals:

_____ + _____ + _____

= Total score: _____

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?

Not difficult at all		Somewhat difficult		Very difficult		Extremely difficult	
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