

## Generalized Anxiety Disorder 7-item Scale (GAD-7)

Patient Name:

Date:

## **Client Questions**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

- 1. Feeling nervous, anxious, or on edge:
- 2. Not being able to stop or control worrying:
- 3. Worrying too much about different things:
- 4. Trouble relaxing:
- 5. Being so restless that it's hard to sit still:
- 6. Becoming easily annoyed or irritable:
- 7. Feeling afraid as if something awful might happen:

## **Questionnaire Score**

Add up the all the numbers for answers 1-7 above. Total Score:

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?:

Email completed documents to info@1stStepCounselingNY.com.