



## GAD-7

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

Not  
at all

Several  
Days

More than  
half the days

Nearly  
every day

*(Circle the Number that corresponds with your answer)*

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1. Feeling Nervous, anxious or on edge	0	1	2	3
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2. Not being able to stop or control worrying	0	1	2	3
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3. Worrying too much about different things	0	1	2	3
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4. Trouble Relaxing	0	1	2	3
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5. Being so restless that it is hard to sit still	0	1	2	3
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6. Becoming easily annoyed or irritable	0	1	2	3
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7. Feeling afraid, as if something awful might happen	0	1	2	3
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Patient Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

(For Office use: Score \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ Total)

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