General Anxiety Disorder-7 (GAD-7)

For Office Use Patient ID: _____

Return to: admin@smartpaeds.com

Date: _____ Completed by: ☐ Patient ☐ Other

If other, please specify relationship to patient: _____

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
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	○	○	○	○
			TOTAL SCORE	0

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	Somewhat difficult	Very difficult	Extremely difficult
○	○	○	○

GAD-7 developed by Dr. Robert L. Spitzer, Dr. K. Kroenke. et.al.