

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

Over the last 2 weeks, how often have you been bothered by the following problems?	Not Sure	Several Days	Over 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's 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
Add the score for each Column				
Total Score				

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

Which best describes the level of difficulty	Not Difficult	Somewhat Difficult	Very Difficult	Extremely Difficult

Please contact your medical provider or contact the Integrated Wellness Center at 616-954-1555 and speak with the Behavioral Health Therapist if you scored this very difficult or extremely difficult. See the Self-Help instructions for additional instructions for Somewhat Difficult.