|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 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 |

GAD-7 Anxiety

**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** |
|  |  |  |  |