

| Over the last two weeks, how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly everyday |
|--|------------|--------------|-------------------------|-----------------|
| 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 |

Column totals: _____ + _____ + _____ + _____ =

Total score: _____

Scoring GAD-7 Anxiety Severity

Using your total score from the above assessment, you can determine your anxiety level with the below scale.

0-4: minimal anxiety

5-9: mild anxiety

10-14: moderate anxiety

15-21: severe anxiety