

**GAD-7**

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

	<b>Not at all (0)</b>	<b>Several Days (1)</b>	<b>More than half the days (2)</b>	<b>Nearly every day (3)</b>
<b>Feeling nervous, anxious, or on edge</b>				
<b>Not being able to stop or control worrying</b>				
<b>Worrying too much about different things</b>				
<b>Trouble relaxing</b>				
<b>Being so restless that it is hard to sit still</b>				
<b>Becoming easily annoyed or irritable</b>				
<b>Feeling afraid as if something awful might happen</b>				

Add columns:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
TOTAL:    \_\_\_\_\_