

MRN#: _____

Name: _____

Birth Date: _____

GAD-7

Over the <u>last 2 weeks</u> , 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
Add Columns				
Total of Columns				

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