



Generalised Anxiety Disorder Assessment (GAD-7)

Instructions:

Please read each statement and select from "Not at all" to "Nearly every day" to indicate how much the statement applied to you over the past two weeks.

| | | 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 |

Developer Reference:

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine, 166(10), 1092-1097.