

Anxiety Score (GAD-7)

Generalized Anxiety Disorder Questionnaire (GAD-7)

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

- | | | | |
|---|---|---------------------------------------|--|
| Feeling nervous, anxious or on edge * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |
| Not being able to stop or control worrying * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |
| Worrying too much about different things * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |
| Trouble relaxing * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |
| Being so restless that it is hard to sit still * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |
| Becoming easily annoyed or irritable * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |
| Feeling afraid as if something awful might happen * | <input type="checkbox"/> Not at all | <input type="checkbox"/> Several days | <input type="checkbox"/> More than half the days |
| | <input type="checkbox"/> Nearly every day | | |