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GAD - 7 ANXIETY

NAME : _____ DATE: _____

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

Not
at all

Several
days

More than
half the days

Nearly
every day

Please circle your answer

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 _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people ?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult