

Name and Surname: _____

Date of birth: _____

GAD-7				
Over the last 2 weeks, how often have you been bothered by the following problems? (Tick the appropriate answer)	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
FOR OFFICE CODING	$\underline{\quad 0 \quad} + \underline{\quad \quad} + \underline{\quad \quad} + \underline{\quad \quad}$ = TOTAL SCORE: _____			

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