

# Generalized Anxiety Disorder (GAD – 7)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

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

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	0	1	2	3
b. Not being able to stop or control worrying	0	1	2	3
c. Worrying too much about different things	0	1	2	3
d. Trouble relaxing	0	1	2	3
e. Being so restless that it is hard to sit still	0	1	2	3
f. Becoming easily annoyed or irritable	0	1	2	3
g. Feeling afraid as if something awful might happen	0	1	2	3

Total Score: \_\_\_\_\_

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display, or distribute.

PROVIDER SIGNATURE	PRINT NAME	DATE	TIME

PLACE PATIENT LABEL HERE

**UW Medicine**  
 Harborview Medical Center – University of Washington Medical Center  
 UW Medicine Primary Care – Valley Medical Center – UW Physicians

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