GAD-7

Date: _	Patient Name:		Patient Date of Birth:		
	Over the last 2 weeks, how often have you been bothered by the following problems? (Use " "" to indicate your 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
	 Feeling afraid as if something awful might happen 	0	1	2	3
(For office coding: Total Score T = + +)					

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