

*****GAD-7*****

Record ID

Site: 39 ADCID

Subject ID: PTID

Form Date: (Y-M-D)

Examiner's Initials:

Data Entry Date: (Y-M-D)

Data Entry By:

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

1. Feeling nervous, anxious, or on edge

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Not being able to stop or control worrying

- Not at all
- Several days
- More than half the days
- Nearly every day

3. Worrying too much about different things

- Not at all
- Several days
- More than half the days
- Nearly every day

4. Trouble relaxing

- Not at all
- Several days
- More than half the days
- Nearly every day

5. Being so restless that it is hard to sit still

- Not at all
- Several days
- More than half the days
- Nearly every day

6. Becoming easily annoying or irritable

- Not at all
- Several days
- More than half the days
- Nearly every day

7. Feeling afraid as if something awful might happen

- Not at all
- Several days
- More than half the days
- Nearly every day

If you said yes to 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

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Total Score: Not at all

Total Score: Several Days

Total Score: More than Half the Days

Total Score: Nearly Every Day

Total Score
