Mathers Clinic Generalized Anxiety Disorder 7-Item (GAD) Scale

Name:	Date:			
Over the last 2 weeks, how often have you been bothered by the following problem?	Not At All Sure	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it's hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column		+	+	+
	Total Sco	ore (add your (column scores)	=
If you checked off any problems, how difficult have the at home, or get along with other people? Not difficult at all:	se made it fo	or you to do yo	ur work, take c	are of things
Somewhat difficult:				
Very difficult:				
Extremely difficult:				

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Inern Med. 2006;166:1092-1097.



Crystal Lake: 145 S Virginia St, Crystal Lake, IL 60014

Rockford: 6090 Strathmoor Dr, Ste 1, Rockford, IL 61107

Woodstock: 715 W Judd St, Woodstock, IL 60098

Elgin: 585 N Tollgate Rd, Ste E, Elgin, IL 60123

Fox Lake: 81 E Grand Ave, Fox Lake, IL 60020

phone: 815.444.9999 fax: **815.986.1363**phone: 815.444.9999 fax: **815.986.1363**phone: 815.444.9999 fax: **815.986.1363**phone: 847.462.6099 fax: **847.628.6064**phone: 224.908.3005 fax: **847.531.1296**