

**GAD - 7 QUESTIONNAIRE
AGES 11 YR AND UP**

	DATE				
	PATIENT NAME:				
	ORDERING PROVIDER:				
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle the best 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
	TOTAL EACH COLUMN				
	GRAND TOTAL				
	NURSING STAFF RECORDING RESULT				
	RECORD RESULTS IN E.H.R. FLOW SHEET SECTION				