

Comprehensive Health Care PA

Phone: (281) 573-0369 Fax: (800) 930-4957

Patient Name		Today's Date	
--------------	--	--------------	--

GAD-7 Questionnaire Over the last two weeks, how often have you been bothered by the following problems?	Not At All	Several Days	More than 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 is 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

Total Score <small>please sum all the selected numbers</small>	
---	--

Signature	
-----------	--

If you checked any problems, how difficult have they 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	