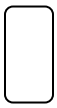
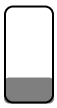
AT THE FOREFRONT UChicago Medicine

GAD-7

Over the last 2 weeks, how often have you been bothered by any of 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**
Being easily annoyed or irritable	**0**	**1**	**2**	**3**
Feeling afraid as if something awful might happen	**0**	**1**	**2**	**3**

Total: _____+_____+_____

=_____

If you checked off <u>any</u> 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 at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

Adapted from Kroenke K et al. Arch Intern Med. 2006;166: 1092-1097
Provided by the Primary Care-Behavioral Health Integration Program
Last updated 2/7/2025