

# Generalized Anxiety Disorder Screener (GAD-7)

**Form Name:** Generalized Anxiety Disorder Screener (GAD-7)

**Patient Name:** jawas courses

**User Name:** tok

**Doctor Name:** Caddra Dra

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

- Not at all sure
- Several days
- Over half the days
- Nearly every day

**Feeling nervous, anxious, or on edge**

Your Response: Several days

**Not being able to stop or control worrying**

Your Response: Several days

**Worrying too much about different things**

Your Response: Several days

**Trouble relaxing**

Your Response: Several days

**Being so restless that its hard to sit still**

Your Response: Several days

**Becoming easily annoyed or irritable**

Your Response: Several days

**Feeling afraid as if something awful might happen**

Your Response: Several days

**If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?**

Your Response: Several days