



Counseling
Associates
for
Well-Being

GAD-7

| Over the last 2 weeks how often have you been bothered by any of the following problems? <i>Indicate with a "✓"</i> | Not at All (0) | Several Days (1) | More than Half the Days (2) | Nearly Every Day (3) |
|--|-------------------|---------------------|-----------------------------------|-------------------------|
| 1. Feeling nervous, anxious, or on edge | | | | |
| 2. Not being able to stop or control worrying | | | | |
| 3. Worrying too much about different things | | | | |
| 4. Trouble relaxing | | | | |
| 5. Being so restless that it's hard to sit still | | | | |
| 6. Becoming easily annoyed or irritable | | | | |
| 7. Feeling afraid as if something awful might happen | | | | |

If you checked off any problem on this questionnaire, 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 Difficult at All Somewhat Difficult Very Difficult Extremely Difficult