



"your Worlds Perspective in Balance"

INSIGHT WELLBEING

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Generalized Anxiety Disorder 7~ Item (GAD~7) Scale

Name:

Date Completed:.....

Over the last two (2) weeks, how often have you been bothered by the following problems?	Not at all	Several Days	Over Half of the Days	Nearly Everyday
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 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

If you checked off any 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 difficult at all
	Somewhat difficult
	Very difficult
	Extremely difficult

Learn to choose the way you feel...