



Elizabeth O. Dania

NP in Psychiatry, PLLC

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Psychiatric Mental Health Services
191-15 115TH Avenue, Saint Albans, NY 11412
Phone: (516) 234-6805 Fax: (917) 909-6150

GAD-7 Assessment Form

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

Patient Name: _____ Date: _____

1. Feeling nervous, anxious, or on edge

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

2. Not being able to stop or control worrying

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

3. Worrying too much about different things

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

4. Trouble relaxing

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

5. Being so restless that it is hard to sit still

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

6. Becoming easily annoyed or irritated

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

7. Feeling afraid as if something awful might happen

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: _____

8. 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

When did symptoms begin? (Please explain):
