## Generalized Anxiety Disorder Assessment

| Ceneraifzed Anxiety Disorder-7$(\subset A B-7)$ |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Over the last 2 weeks, how often have you been bothered by any of the following problems? <br> (Use " ${ }^{4}$ " to indicate your answer) | Notat all | Several days | More than half the days | Nearly every day |
| 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 is hard to sit down | 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 |

## How to Score Your Self-Assessment

Assign a number to each of your responses as follows:
Not at all: 0
Several days: 1
More than half the days: 2
Nearly every day: 3
As you tally your total for all questions:
Score of 1 to 5 could indicate mild anxiety
Score of 6 to 10 suggests moderate anxiety
Score of 11 to 15 indicates moderately severe anxiety
Score of 16 to 21 is a sign of severe anxiety
If you scored from 11 to 21 , we encourage you to contact us or another behavioral health professional.

