

Patient Name: _____

Acct #: _____

Date: ____/____/____



Generalized Anxiety Disorder 7-item (GAD-7) scale

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
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's 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
Add the score for each column		+	+	+
Total Score (add your column scores)=				

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?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Pacientes nombre: _____

Hijo #: _____

Fecha: ____/____/____



Generalized Anxiety Disorder 7-item (GAD-7) scale

Durante las ultimas 2 semanas, que tan seguido ha tenido molestias debido a los siguientes problemas?	Ningun dia	Varios dias	Mas de la mitad de Los dias	Casi todos los dias
1. Se ha sentido nervioso(a), ansioso(a) o con Los nervios de punta	0	1	2	3
2. No ha sido capaz de parar o controlar su Preocupacion	0	1	2	3
3. Se ha preocupado demasiado por motivos difereentes	0	1	2	3
4. Ha tenido dificultad para relajarse	0	1	2	3
5. Se ha sentido tan inquieto(a) que no ha Podido quedarse quieto(a)	0	1	2	3
6. Se ha molestado o irritado facilmente	0	1	2	3
7. Ha tenido miedo de que algo terrible Fuera a pasar	0	1	2	3
Add the score for each column		+	+	+
Total Score (add your column scores)=				

Si marcó algún problema, ¿qué dificultad han tenido para que usted haga su trabajo, se ocupe de las cosas en el hogar o se pase el rato con otras personas?

Nada difici _____

Algo difici _____

Muy difici _____

Extremadamente difici _____