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	+	+	+	Marie de Marie de Marie de La Carlo
Total Score (add your column scores) =				W

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	

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med.* 2006;166:1092-1097.



WORKSHEET 11.1 Mind Over Mood Anxiety Inventory

Circle one number for each item that best describes how much you have experienced each symptom over the past week.

		Not at all	Sometimes	Frequently	Most of the time
1.	Feeling nervous	0	1	2	3
2.	Frequent worrying	0	1	2	3
3.	Trembling, twitching, feeling shaky	0	1	2	3
4.	Muscle tension, muscle aches, muscle soreness	0	1	2	3
5.	Restlessness	0	1	2	3
6.	Easily tired	0	1	2	3
7.	Shortness of breath	0	1	2	3
8.	Rapid heartbeat	0	1	2	3
9.	Sweating not due to the heat	0	1	2	3
10.	Dry mouth	0	1	2	3
11.	Dizziness or light-headedness	0	1	2	3
12.	Nausea, diarrhea, or stomach problems	0	1	2	3
13.	Frequent urination	0	1	2	3
14.	Flushes (hot flashes) or chills	0	1	2	3
15.	Trouble swallowing or "lump in throat"	0	1	2	3
16.	Feeling keyed up or on edge	0	1	2	3
17.	Quick to startle	0	1	2	3
18.	Difficulty concentrating	0	1	2	3
19.	Trouble falling or staying asleep	0	1	2	3
20.	Irritability	0	1	2	3
21.	Avoiding places where I might be anxious	0	1	2	3
22.	Frequent thoughts of danger	0	1	2	3
23.	Seeing myself as unable to cope	0	1	2	3
24.	Frequent thoughts that something terrible will happen	0	1	2	3

Score (of total circled numbers)	\neg
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