

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

Name: [Click here to enter text.](#) **Date:** [Click here to enter text.](#)

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

| | Not At All | Several Days | Over Half the Days | Nearly Every Day |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Feeling nervous, anxious, or on edge | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2. Not being able to stop or control worrying | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3. Worrying too much about different things | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. Trouble relaxing | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. Being so restless that it's hard to sit still | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6. Becoming easily annoyed or irritable | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. Feeling afraid as if something awful might happen | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Add Scores for Each Column

| | | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| <input type="checkbox"/> | + | <input type="checkbox"/> | + | <input type="checkbox"/> | + | <input type="checkbox"/> |
|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|

Total Score (Sum of Column Scores)

If any of the above problems were identified, 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

BECK'S DEPRESSION INVENTORY

Instructions: Please circle the number by the response for each question that best describes how you have felt during the past seven (7) days. Please do not omit any questions. Make sure you check one answer for each question. If more than one answer applies to how you have been feeling, check the higher number. If in doubt, make your best guess.

1. 0 - I do not feel sad.
1 - I feel sad.
2 - I am sad all the time and I can't snap out of it.
3 - I am so sad or unhappy that I can't stand it.
2. 0 - I am not particularly discouraged about the future.
1 - I feel discouraged about the future.
2 - I feel I have nothing to look forward to.
3 - I feel that the future is hopeless and that things cannot improve.
3. 0 - I do not feel like a failure.
1 - I feel I have failed more than the average person.
2 - As I look back on my life, all I can see is a lot of failures.
3 - I feel I am a complete failure as a person.
4. 0 - I get as much satisfaction out of things as I used to.
1 - I don't enjoy things the way I used to.
2 - I don't get real satisfaction out of anything anymore.
3 - I am dissatisfied or bored with everything.
5. 0 - I don't feel particularly guilty.
1 - I feel guilty a good part of the time.
2 - I feel quite guilty most of the time.
3 - I feel guilty all of the time.
6. 0 - I don't feel I am being punished.
1 - I feel I may be punished.
2 - I expect to be punished.
3 - I hate myself.
7. 0 - I don't feel disappointed in myself.
1 - I am disappointed in myself.
2 - I am disgusted with myself.
3 - I hate myself.
8. 0 - I don't feel I am any worse than anybody else.
1 - I am critical of myself for my weaknesses or mistakes.
2 - I blame myself all the time for my faults.
3 - I blame myself for everything bad that happens.
9. 0 - I don't have any thoughts of killing myself.
1 - I have thoughts of killing myself, but I would not carry them out.
2 - I would like to kill myself.
3 - I would kill myself if I had the chance.
10. 0 - I don't cry any more than usual.
1 - I cry more now than I used to.
2 - I cry all the time now.
3 - I used to be able to cry, but now I can't cry even though I want to.

Turn The Page Over

11. 0 - I am no more irritated by things than I ever am.
1 - I am slightly more irritated now than usual.
2 - I am quite annoyed or irritated a good deal of the time.
3 - I feel irritated all the time now.
12. 0 - I have not lost interest in other people.
1 - I am less interested in other people than I used to be.
2 - I have lost most of my interest in other people.
3 - I have lost all of my interest in other people.
13. 0 - I make decisions about as well as I ever could.
1 - I put off making decisions more than I used to.
2 - I have greater difficulty in making decisions than before.
3 - I can't make decisions at all anymore.
14. 0 - I don't feel that I look any worse than I used to.
1 - I am worried that I am looking old or unattractive.
2 - I feel that there are permanent changes in my appearance that make me look unattractive.
3 - I believe that I look ugly.
15. 0 - I can work about as well as before.
1 - It takes an extra effort to get started at doing something.
2 - I have to push myself very hard to do anything.
3 - I can't do any work at all.
16. 0 - I can sleep as well as usual.
1 - I don't sleep as well as I used to.
2 - I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 - I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 - I don't get more tired than usual.
1 - I get tired more easily than I used to.
2 - I get tired from doing almost anything.
3 - I am too tired to do anything.
18. 0 - My appetite is no worse than usual.
1 - My appetite is not as good as it used to be.
2 - My appetite is much worse now.
3 - I have no appetite at all anymore.
19. 0 - I haven't lost or gained much weight, if any, lately.
1 - I have lost or gained more than five pounds.
2 - I have lost or gained more than ten pounds.
3 - I have lost or gained more than fifteen pounds.
20. 0 - I am no more worried about my health than usual.
1 - I am worried about physical problems such as aches and pains, or upset stomach, or constipation.
2 - I am very worried about physical problems and it's hard to think of much else.
3 - I am so worried about my physical problems that I cannot think of anything else.
21. 0 - I have not noticed any recent change in my interest in sex.
1 - I am less interested in sex than I used to be.
2 - I am much less interested in sex now.
3 - I have lost interest in sex completely.

Name _____ Date _____ Total _____

1-10 Normal; 11-16 Mild; 17+ Clinical Depression; 17-20 Borderline, 21-30 Moderate, 31-40 Severe, 41+ Extreme