

Anxiety Screening Tool

Name: _____

Date: ____ / ____ / ____

Choose the one description for each item that best describes **how many days** you have been bothered by each of the following over the past **2 weeks**:

	None	Several	7 or more	Nearly every day
Feeling nervous, anxious, or on edge				
Unable to stop worrying				
Worrying too much about different things				
Problems relaxing				
Feeling restless or unable to sit still				
Feeling irritable or easily annoyed				
Being afraid that something awful might happen				

Scoring:

Sum scores from each question:

- None = 0
- Several = 1
- 7 or more = 2
- Nearly every day = 3

Total score: _____

- A total score of 5–9 suggests mild anxiety.
- A total score of ≥ 10 suggests moderate-severe anxiety.

Spitzer RL, et al. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch Intern Med.* 2006;166:1092-1097.

The result of this test will be very helpful in your treatment at South Shore Neuropsychiatric Center. Please, bring this test to your appointment.