



## Anxiety Screening Tool (GAD-7)

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

	Not at 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 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

Total of each column \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ =  
**Total Score** \_\_\_\_\_

Interpretation of Total Score: 0-4 total points = minimal anxiety  
 5-9 total points = mild anxiety  
 10-14 total points = moderate anxiety  
 15-21 total points = severe anxiety

**If you are concerned about your score for the GAD-7 Anxiety Screening tool, call your Best Care EAP today to speak confidentially with a professional counselor at 402.354.8000 or 800.801.4182.**

Please note: This screening tool is only for adults. It is not a diagnostic instrument and is only to be used by you if you are 18 years or older. You are encouraged to share your results with your Best Care EAP counselor or with a physician or health care provider. Methodist Health System dba Best Care EAP, disclaims any liability, loss or risk incurred as a consequence, directly or indirectly, from the use and application of this screen.