

Over the last 2 weeks, how often has your child/teen been bothered by the following problems?

<u>GAD-7</u>	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

Please total your score. Total Score: _____ = _____ + _____ + _____ + _____

Please describe, if applicable, the circumstances that can cause or increase anxiety in your child/teen:

NAME: _____

DATE: _____