General Anxiety Disorder-7 Patient Survey:

Feeling very upset when something reminded you of the stressful experience? Not at all A little bit Moderately Quite a bit Extremely	
Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? Not at all A little bit Moderately Quite a bit Extremely	
Avoiding memories, thoughts, or feelings related to the stressful experience? Not at all A little bit Moderately Quite a bit Extremely	
Avoiding external reminders of the stressful experience (for example, people, place conversations, activities, objects, or situations)? Not at all A little bit Moderately Quite a bit Extremely	:5,
Trouble remembering important parts of the stressful experience? Not at all A little bit Moderately Quite a bit Extremely	

Having strong negative beliefs about yourself, other people, or the world (for example,	
having thoughts such as: I am bad, there is something seriously wrong with me, no one ca	h me, no one can
be trusted, the world is completely dangerous)?	
☐ Not at all	
☐ A little bit	
☐ Moderately	
☐ Quite a bit	
☐ Extremely	
Blaming yourself or someone else for the stressful experience or what happened after it	?
☐ Not at all	
☐ A little bit	
☐ Moderately	
☐ Quite a bit	
☐ Extremely	
Having strong negative feelings such as fear, horror, guilt, or shame?	
☐ Not at all	
☐ A little bit	
☐ Moderately	
☐ Quite a bit	
☐ Extremely	
Loss of interest in activities that you used to enjoy?	
☐ Not at all	
☐ A little bit	
☐ Moderately	
☐ Quite a bit	
☐ Extremely	
Feeling distant or cut off from other people?	
□ Not at all	
☐ A little bit	
☐ Moderately	
☐ Quite a bit	
□ Extremely	

Trouble experiencing positive feelings (for example, being unable to feel happiness or have
loving feelings for people close to you)?
☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely
Irritable behavior, angry outbursts, or acting aggressively?
☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely
Taking too many risks or doing things that could cause you harm?
☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely
Being "superalert" or watchful or on guard?
☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely
Feeling jumpy or easily startled?
☐ Not at all
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

Having difficulty concentrating? Not at all A little bit Moderately Quite a bit Extremely	t ely it	
Trouble falling asleep or staying asleep? Not at all A little bit Moderately Quite a bit Extremely		
Anxiety: The following questions will ask you about your anxiety over the past two weeks. Over the last two weeks, how often have you been bothered by the following proble	ms?	
Feeling nervous, anxious, or on edge Not at all Several days More than half the days Nearly everyday		
Not being able to stop or control worrying Not at all Several days More than half the days Nearly everyday		
Worrying too much about different things Not at all Several days More than half the days Nearly everyday		

Trouble relaxing
☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly everyday
Becoming easily annoyed or irritable
☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly everyday
Feeling afraid, as if something awful might happen
☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly everyday