




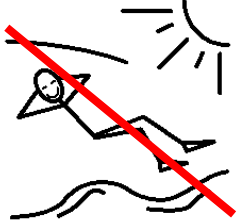
Patient ID:

Date:

Session No:

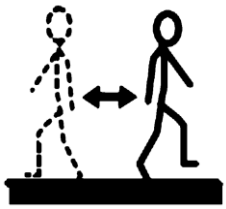


Therapist ID:

# GAD 7 How have you been over the last weeks?

Question		Prompt	Not at all	Several days	More than half the days	Nearly every day
1	 Felt nervous, anxious or on edge?		0	1	2	3
2	 Have you worried a lot?	Felt wound up? Got worked up?	0	1	2	3
3	 Worried about lots of different things?	Had lots of thoughts in your head? Can't stop thinking about your worries?	0	1	2	3
4	 Found it hard to relax?	How do you relax? Has this been difficult?	0	1	2	3

Patient ID:                      Date:                      Session No:                      Therapist ID:

# GAD 7 How have you been over the last weeks?

Question		Prompt	Not at all	Several days	More than half the days	Nearly every day	
5		Have you felt restless?	Have you been fidgeting, not able to sit still?	0	1	2	3
6		Have you been cross about things?	Have you felt bad tempered? Have you argued with people?	0	1	2	3
7		Have you been afraid something bad will happen?	Have you worried that something bad will happen?	0	1	2	3

**Total score:**

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