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| **Over the last 2 weeks, how often have you been bothered by the following problems?** | |
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| 1. Feeling nervous, anxious or on edge   &cltasm12949&  &cltasmcmt12949& | |
|  | |
| 1. Not being able to stop or control worrying   &cltasm12950&  &cltasmcmt12950& | |
|  | |
| 1. Worrying too much about different things   &cltasm12951&  &cltasmcmt12951& | |
|  | |
| 1. Trouble relaxing   &cltasm12952&  &cltasmcmt12952& | |
|  | |
| 1. Being so restless that it is hard to sit still   &cltasm12953&  &cltasmcmt12953& | |
|  | |
| 1. Becoming easily annoyed or irritable   &cltasm12954&  &cltasmcmt12954& | |
|  | |
| 1. Feeling afraid as if something awful might happen   &cltasm12955&  &cltasmcmt12955& | |
| **SCORE: &MRGAD7&** | |
| **Interpreting the Score:**  **Total Score Interpretation** | |
| ≥10 | Possible diagnosis of GAD; confirm by further evaluation |
| 5 | Mild Anxiety |
| 10 | Moderate Anxiety |
| 15 | Severe Anxiety |

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| **Provider’s Signature** |
| **Staff Signature/Credentials/Date**  &STFCONSENTX& |