

PLEASE RETURN FORMS BY:

EMAIL: Cal.Bar@ahs.ca or FAX: (403) 955-8634 or MAIL: 1820 Richmond Rd SW, Calgary, AB, T2T 5C7



Date: _____

Name: _____

Date of birth: _____

Healthcare #: _____

GAD-7 Screening for Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Feeling nervous, anxious or on edge?				
2. Not being able to stop or control worrying?				
3. Worrying too much about different things?				
4. Trouble relaxing?				
5. Being so restless that it's hard to sit still?				
6. Becoming easily annoyed or irritable?				
7. Feeling afraid as if something awful might happen?				

General Stress

Check the number that best indicates your general level of stress.

0 1 2 3 4 5 6 7 8 9 10



Not Stressed

Very Stressed

List your three main stressors:

1. _____
2. _____
3. _____