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### GENERAL ANXIETY DISORDER- 7 (GAD-7)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Number of treatments received: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

**OVER THE LAST WEEK HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS? PLEASE CIRCLE THE MOST ACCURATE ANSWER**

**1. Feeling nervous, anxious, or on edge**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**2. Not being able to stop or control worrying**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**3. Worrying too much about different things**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**4. Trouble relaxing**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**5. Being so restless that it's hard to sit still**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**6. Becoming easily annoyed or irritable**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**7. Feeling afraid as if something awful might happen**

0 Not at all      1 Several days      2 More than half the days      3 Nearly everyday

**Total score:** \_\_\_\_\_