



## General Anxiety Disorder Screener (GAD-7)

Please fill this out, describing your observations of your child.

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

Parent/ Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Add columns \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total: \_\_\_\_\_

How difficult have these problems made it for your child to do their schoolwork, complete homework assignments, or get along with others at home or school?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

To schedule your child's *Dyslexia & Processing Evaluation*, call us at **801.492.6393**  
 ACHIEVE Family Vision • 908 North 2000 West, Pleasant Grove, UT 84062