**Appendix 2. Generalized Anxiety Disorder Assessment (GAD-7) scoring sheet**

**Patient ID**: \_\_ \_\_ - \_\_- \_\_ \_\_ \_\_ \_\_ (Country-Site-Number)

**Visit Date**: \_\_ \_\_- \_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_ (dd-mmm-year)

**Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and check your response.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly every day |
|  | 0 | 1 | 2 | 3 |
| Feeling nervous, anxious or on edge |  |  |  |  |
| Not being able to stop or control worrying |  |  |  |  |
| Worrying too much about different things |  |  |  |  |
| Trouble relaxing |  |  |  |  |
| Being so restless that it is hard to sit still |  |  |  |  |
| Becoming easily annoyed or irritable |  |  |  |  |
| Feeling afraid as if something awful might happen |  |  |  |  |
| Total score |  |