

GAD-7*

Patient Name: _____ Date: _____

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS? (USE A "✓" TO INDICATE YOUR ANSWER)	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 it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	0	+	+	+
Total Score				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

* Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. Patient Health Questionnaire Screeners [Internet]. [Place unknown]: Pfizer; 2002–2016. GAD-7 Screener; n.d. [cited 2015]. Available from: <http://www.phqscreeners.com>

FOR CLINICIAN USE

GAD-7

Scoring

- 0–4 no anxiety/remission
- 5–9 mild anxiety
- 10–14 moderate anxiety
- >15 severe anxiety