

GAD-7 - Psychological Health Questionnaire

Patient Name: _____ Date: _____

Over the last 2 weeks, how often have you 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 worry	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

TOTAL
Points: _____

SCORING: Add columns and total the numbers.
Read below for proposed treatment action.

If you check off any problems, how difficult have these problems 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

GAD-7 SCORE	SEVERITY	PROPOSED TREATMENT ACTION
0 – 5	None	None
6 – 10	Mild	Watchful waiting, repeating at follow-up
11 – 15	Moderate	Consider CBT and pharmacotherapy
	Moderately Severe	Immediate initiation of pharmacotherapy and CBT
16 – 21	Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist