Generalized Anxiety Disorder -7
(GAD-7)

Name: Date: D.O.B:

Over the last 2 weeks, how often have you been bothered by any of the following problems? ***(Select button to indicate your answer)***	**Not at all (0)**	**Several days (1)**	**More than half the days (2)**	**Nearly every day (3)**
1. Feeling nervous, anxious, or on edge	○	○	○	○
2. Not being able to stop or control worrying	○	○	○	○
3. Worrying too much about different things	○	○	○	○
4. Trouble relaxing	○	○	○	○
5. Being so restless that it is hard to sit still	○	○	○	○
6. Becoming easily annoyed or irritable	○	○	○	○
7. Feeling afraid, as if something awful might happen	○	○	○	○

Total Score = 0

If you checked 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**
○	○	○	○

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Internal Medicine 2006 166:1092-1097.

This tool is available in multiple languages, which can be found here: phqscreeners

See the PMH Care Pathway document for treatment step recommendations and community resources at: myhealthunit.ca/pathway

Clear Form