



## PATIENT HEALTH QUESTIONNAIRE (GAD-7)

*Over the last two (2) weeks, how often have you been bothered by any of the following problems? (Use a check mark to indicate your answer)*

Consumer Name: \_\_\_\_\_ Date: \_\_\_\_\_

| Questions   | 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 sleep 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                |

Column totals: \_\_\_\_\_ =

Total Score \_\_\_\_\_

If you checked any problems, how difficult have they 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      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W> Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [ris8@columbia.edu](mailto:ris8@columbia.edu). PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission.

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## SCORING GAD-7 ANXIETY SEVERITY

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

### Interpretation of Total Score

| <u>Total Score</u> | Symptom Range     | Description  |
|--------------------|-------------------|--|
| 0 – 4              | Minimal (Healthy) | This is the range of scores typically of people without an anxiety disorder.   |
| 5 – 9              | Mild              | People with this range of scores have mild symptoms of anxiety. If these symptoms persist people may be at risk of developing an anxiety disorder. People in this range should practice self-help strategies to reduce their anxiety, and to help them to stay well. |
| 10 – 14            | Moderate          | People with this range of scores are likely to have a diagnosis of an anxiety disorder and should do things to overcome the symptoms, including seeking support or treatment.  |
| 15 – 21            | Severe            | People with this range of scores are at high risk of having an anxiety disorder. We strongly recommend seeking treatment from a health professional.   |