

General Anxiety Disorder-7 (GAD-7)

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1. Please enter the client's information:

Client First Name:

Client Last Name:

Client DOB:

2. Over the LAST TWO 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				
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				

Scoring and References (Office Use Only):

Scoring and Interpretation:

GAD-2 Score* Provisional Diagnosis

- 0-2 None
- 3-6 Probable anxiety disorder

GAD-7 Score Provisional Diagnosis

- 0-7 None
- 8+ Probable anxiety disorder

*GAD-2 is the first 2 questions of the GAD-7

References:

Spitzer RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine. May 22 2006;166(10):1092- 1097. PMID: 16717171 • Kroenke K, Spitzer RL, Williams JB, Monahan PO, Lowe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Annals of internal medicine. Mar 6 2007;146(5):317-325. PMID: 17339617 • Lowe B, Decker O, Muller S, et al. Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. Medical care. Mar 2008;46(3):266-274. PMID: 18388841