TRUENORTH PSYCHIATRIC NURSING CORP

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GAD-7

Generalized Anxiety Disorder - 7 (GAD-7)

Over the last 2 weeks, how often have you been bothered by the following problems?

Patient Name: _____ Date: _____

During the past 2 weeks:	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	○	○	○	○

FUNCTIONAL IMPACT

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

SCORING - PROVIDER USE

GAD-7 Total Score: _____ / 21 Severity: _____ Provider Initials: _____

Common interpretation: 0-4 minimal | 5-9 mild | 10-14 moderate | 15-21 severe anxiety.

The GAD-7 is a screening and symptom-severity measure and does not by itself establish a psychiatric diagnosis.