

Patient name			
MHN	DOB	Age	Gender

Patient Health Screening (GAD-7)

Questionnaire

Today's date (month/day/year) ____ / ____ / ____

Generalized Anxiety Disorder 7-item (GAD-7)

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

	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's hard to sit still				
6. Becoming annoyed or irritable				
7. Feeling afraid as if something awful might happen				
Totals				

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 (0)	Somewhat Difficult (1)	Very Difficult (2)	Extremely Difficult (3)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Patient signature (Patient's legal representative)

(Relationship)

____ / ____ / ____
Date (month/day/year)