

Patient Name:

DOB:

MR #:

UW Health
(University of Wisconsin Hospitals and Clinics Authority)
(SwedishAmerican Hospital)
GENERALIZED ANXIETY DISORDER (GAD-7)

Date: _____

GAD-7

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

Not at all Several days More than half the days Nearly every day

(Please circle your answer)

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop 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

(For office coding: Total Score T _____ = _____ + _____ + _____)

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, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch Intern Med*, 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092

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. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission.

EXPECTATION when this worksheet is used: Clinician will enter all of the data into the GAD-7 SmartForm. This can be located by selecting "More" in the activity tabs > Patient Assessment Tools > Mental Health Activity > GAD-7.