



Patient Health Questionnaire GAD-7*

Source: These test items come from the GAD-7 items of the Patient Health Questionnaire.

References: Spitzer R.L., Kroenke K., Williams J.B.W., & Lowe, B. (2006). The GAD-7: A brief measure of assessing generalized anxiety disorder. *Arch of Intern Med*, 166, 1092-1097

Scale Description: The GAD-7 is a subset of the full PHQ. It has been shown to identify generalized anxiety disorder.

Scoring Algorithm

Note: Note that the GAD-7 author specifies the following 4 category break-down for scoring: Minimal=0-4, Mild=5-9, Moderate=10-14, Severe=15-21.

To comply with the Low, Moderate, High category scoring convention used throughout AfterDeployment's assessments, the following scoring algorithm for the GAD-7 has been used:

Each item is scored 0="Not at all," 1="Several days", 2="More than half the days", or 3="Nearly every day".

Algorithm*

Low Anxiety Symptoms = 0 to 5

Moderate Anxiety Symptoms = 6 to 10

High Anxiety Symptoms = 11 to 21

Note that the functional question "If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?" is not included in the total score. The question is included for use by clinicians to inform their clinical evaluations.

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Instructions: Answer each of the questions by selecting the answer that best describes how frequently you experience each problem described below.

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

1. Feeling nervous, anxious, or on edge

Not at all

Several days

More than half the days

Nearly every day

2. Not being able to stop or control worrying

Not at all

Several days

More than half the days

Nearly every day

3. Worrying too much about different things

Not at all

Several days

More than half the days

Nearly every day

4. Trouble relaxing

Not at all

Several days

More than half the days

Nearly every day

5. Being so restless that it's hard to sit still

Not at all

Several days

More than half the days

Nearly every day

6. Becoming easily annoyed or irritable

Not at all

Several days

More than half the days

Nearly every day

7. Feeling afraid as if something awful might happen

Not at all

Several days

More than half the days

Nearly every day

If you checked off any problems, how difficult have these 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 ____