

JOHN D. DAVIS, M.D.
 DAVID R. SPROUSE, M.D.*
 KARSTEN TUCKER, M.D.*
 JAVIER M. CAMPOS, M.D.*
 DEBORAH A. JALBERT, M.B.A, PA-C
 ANNE E. SHACKELFORD, FNP-C



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Generalized Anxiety Disorder 7 (GAD-7)

Name: _____ **Date:** _____

Over the last <u>2 weeks</u> , how often have you been bothered by the following problems? (circle the best answer)	Not at all	Several days	More than half the days	Nearly every day
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. Being afraid as if something awful might Happen.	0	1	2	3

GAD-7 Score and Anxiety Severity

<u>GAD-7</u>	<u>Anxiety Severity</u>
0-4	Minimal
5-9	Mild
10-14	Moderate
15-21	Severe

Spitzer et al have identified a cut off score of 10 or greater on the GAD-7 for identifying probable cases of GAD. Additional evaluation should be used to confirm a diagnosis of GAD.

If your score is 5 or greater, call 830-896-4711 for an appointment and bring this questionnaire.

The doctor is in.