

## Ketamine Center of Greater Hartford

## GAD-7 Anxiety

Name:		DOB:		Date:		
Over the <u>last two wee</u> been bothered by the	eks, how often have you following problems?	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 abl	e to stop or control worrying	0	1	2	3	
3. Worrying too much about different things		0	1	2	3	
4. Trouble relaxin	g	0	1	2	3	
5. Being so restle	ss that it is hard to sit still	0	1	2	3	
6. Becoming eas	ily annoyed or irritable	0	1	2	3	
7. Feeling afraid, happen	as if something awful might	0	1	2	3	
	Column total	ls	_ +	+	_ +	=
Total score _						
If you checked any pro at home, or get along	blems, how difficult have they with other people?	made it fo	r you to do	your work, ta	ake care of thi	ngs
Not difficult at all	Somewhat difficult	Very difficult		Extremely difficult		

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 <a href="mailto:ris8@columbia.edu">ris8@columbia.edu</a>. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

## Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0-4: minimal anxiety

5-9: mild anxiety

10-14: moderate anxiety

15-21: severe anxiety