Santé et Services sociaux Québec

Patient's last name	File number
Patient's first name	
Health insurance number	Exp. Year Month
Date of birth Year Month Day	Sex ☐ M ☐ F ☐ X ☐ I
Address (no., street)	
City	Postal Code

ANXIETY SYMPTOM ASSESSMENT QUESTIONNAIRE GAD-7

How often have you been bothered by any of the following problems?

1. Answer each item based on the last two weeks or the period of time since your last consultation.
2. Use the scale at the top of the table.
3. Answer each item by checking the box that best represents your situation.

Items	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
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

Generalized Anxiety Disorder – GAD-7 © 2006 Robert L. Spitzer

Questionnaire completed by:	**Date:**
Signature	Year Month Day

Patient's last name	Patient's first name	File number

Section reserved for the practitioner

Total score ……..		
Total number of items ……	**x**	**7**
Number of answered items (≥ 5)* ……	**/**	
Adjusted Score ……	**=**	

Is the adjusted score greater than the clinical cut-off value of 8? …….. ☐ Yes ☐ No

Practitioner's qualitative analysis and commentary:

* If 3 or more answers are missing, the score of the questionnaire cannot be used.

Questionnaire reviewed by:				**Date:**		
Practitioner's last name	Practitioner's first name	Licence number	Signature	Year	Month	Day