GAD-7 ANXIETY QUIZ

15 - 21

Severe anxiety

Over the <u>last 2 weeks</u> , how often have you been bothered by the 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
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
Total all COLUMNS				

		Column totals:	+_	+	+				
			= Total Score						
If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?									
	ifficult all	Somewhat difficult	Very difficult		Extremely difficult				
Scores repr	esent:								
0 – 5	Mild								
6 - 10	Moderate								
11 - 15	Moderatel	y severe anxiety							

From the 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 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.