

Generalized Anxiety Disorder – 7 (GAD-7) Questionnaire

(Please note: The GAD-7 Questionnaire is 1 page)

Purpose:

The GAD-7 is a valid and reliable tool to assess for Generalized Anxiety Disorder which according to National Institutes of Health occurs in about 18% of the population. This is not brief, episodic anxiety related to stressful situations, but anxiety that persists and can result in impairment. Anxiety is frequently co-morbid with depression and other mental illnesses as well as substance use. The GAD-7 is also moderately good at screening for panic disorder, social anxiety disorder and Post-traumatic Stress Disorder (PTSD).

General Guidelines:

- This form is completed 5 times: Pregnancy Intake, Pregnancy 36 Weeks, Infant 1-8 weeks (the NHV uses her clinical judgement to determine the best time to complete this), Infant 12 months, and Toddler 18 months.
- The NHV uses her clinical nursing judgment and critical thinking to determine if the questionnaire should be administered at a different/additional time.

Definitions/Directions for Completing Form

- Complete GAD-7 screening as needed to determine level of anxiety. See STAR Framework for additional guidance and timeframes.

Interpretation of Total Score and Recommended Action

Total Score	Anxiety Severity	Corresponding STAR Coding		Action
0-4	Minimal anxiety	0	Low Risk	
5-9	Mild anxiety	1	Moderate Risk	<ul style="list-style-type: none"> • Referral to Primary Care Provider for assessment • NHV assesses with the client any needs for additional support and offers additional information/education • Consider administering GAD-7 earlier than next scheduled date; no later than 90 days • Assessment with each NHV contact
10-21	Severe Anxiety	2	High Risk	<ul style="list-style-type: none"> • Referral to Primary Care Provider/Mental Health Services for diagnostic assessment and treatment * • NHV works with the client and community health professionals to develop a collaborative plan of care • Assessment with each NHV contact

***An emergency referral is required for any client who intentions or plan to harm herself, baby, or someone else.**

- Note: With a total score of 5 and above (i.e., mild to severe anxiety), assessment should occur with every NHV contact and formal screening as needed or within 90 days.
- The last question asks clients **“to report ‘how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?’** This single patient-rated difficulty item is not used in calculating the GAD-7 score but rather represents the client’s global impression of symptom-related impairment. It may be useful in decisions regarding initiation of/adjustments to treatment since it is strongly associated with both psychiatric symptom severity as well as multiple measures of impairment and health-related quality of life.

Instructions for patient health questionnaire (PHQ-9) and GAD-7 measures:
<http://www.phqscreeners.com/instructions/instructions.pdf>.

Note: NHVs should follow their agency policies and procedures regarding referral and coordination of care for clients who screen positive or those who are in need of mental health evaluation/assessment based on the nurse's clinical judgment.

Generalized Anxiety Disorder – 7 Questionnaire



Client Name: _____

Client ID: _____

Nurse ID: _____

Date: _____

Check one:

<input type="checkbox"/> Pregnancy Intake	<input type="checkbox"/> Pregnancy 36 Weeks	<input type="checkbox"/> Infancy 1-8 weeks
<input type="checkbox"/> Infancy 12 months	<input type="checkbox"/> Toddler 18 months	<input type="checkbox"/> Other: _____

Generalized Anxiety Disorder – 7 Questionnaire (GAD-7)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? <i>(Use "✓" to indicate your answer)</i>				
	Not at all	Several days	Over 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's 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
Nurse Home Visitor to Total	0 +	+	+	
	Total Score =			

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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