

GAD-7*
ASSESSMENT QUESTIONNAIRE

Patient's last name				File number	
Patient's first name					
Health insurance number			Exp.	Year	Month
Date of birth	Year	Month	Day	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address (no., street)				<input type="checkbox"/> X	
City				Postal Code	

► How many days over the last two weeks, or since your last consultation if more recent, have you been bothered by each of the following problems?

Items	Nearly every day	More than half the days	Several days	None
1. Feeling nervous, anxious or on edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worrying too much about different things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trouble relaxing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being so restless that it is hard to sit still.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● Thank you, these are all of the questions for the patient.

Questionnaire completed by:	Date:
Signature	Year Month Day

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This section is reserved for the practitioner.

Use the following scale to calculate the score :

3	2	1	0
Nearly every day	More than half the days	Several day	None

Total score

Total number of items x

Number of answered items (≥ 5)* /

Adjusted Score =

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

Practitioner's 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