Pragmatic TRACKER

GAD-7

Practice: **Practitioner:**

Date: **Client:**

IMPORTANT - PLEASE READ THIS FIRST

OVER THE LAST WEEK how often have you been bothered by any of the following problems?

Please use a dark pen (not pencil) and tick clearly within the boxes

OVER THE LAST WEEK	Not at All	Several days	More than half the days	Nearly every day	OFFICE USE ONLY GAD-7
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	☐

GAD-7

TOTAL SCORE ☐

Thank you for your time in completing this questionnaire