

# GAD-7

## Generalised Anxiety Disorder scale

Over the <b>last 2 weeks</b> , how often have you been bothered by the following problems? (Circle or tick the relevant number to indicate your answer)	Not at all	Several days	More than 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 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
<b>Score =</b>	_____ + _____ + _____			

## **Notes on GAD-7**

Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 is also suitable for three other common anxiety disorders – panic disorder, social anxiety, and post-traumatic stress disorder (though it is desirable to use additional disorder-specific questionnaires).

## **Scoring**

5-9 - mild anxiety

10-14 - moderate anxiety

15+ - severe anxiety

## **Reference**

Spitzer, R. L., Kroenke, K., Williams, J. B. W. & Lowe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch. Intern. Med.*, 166, 1093-1097.

# PHQ-9

## Patient Health Questionnaire

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	Score =	_____ + _____ + _____		

## Notes on PHQ-9

If there are at least 5 ticks in the shaded section (one of which corresponds to Question 1 or 2), the patient may be suffering with Major Depressive Episode.

It is important to rule out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

## Interpretation of Total Score

0-4 No depression

5-9 Mild depression

10-14 Moderate depression

15-19 Moderately severe depression

20-27 Severe depression

## Reference

Kroenke K, Spitzer RL. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*, 32, 509-521.

# WSAS

## Work & Social Adjustment Scale

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems, look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity. 0 indicates no impairment at all and 8 indicates very severe impairment.

	0	1	2	3	4	5	6	7	8	N/A
	<i>Not at all</i>		<i>Slightly</i>		<i>Definitely</i>		<i>Markedly</i>		<i>Very severely</i>	
1. WORK ( If you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A - not applicable)	0	1	2	3	4	5	6	7	8	N/A
2.HOME MANAGEMENT – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.	0	1	2	3	4	5	6	7	8	
3.SOCIAL LEISURE ACTIVITIES - With other people, e.g. parties, pubs, outings, entertaining etc.	0	1	2	3	4	5	6	7	8	
4.PRIVATE LEISURE ACTIVITIES – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.	0	1	2	3	4	5	6	7	8	
5.FAMILY AND RELATIONSHIPS – Form and maintain close relationships with others including the people that I live with.	0	1	2	3	4	5	6	7	8	

### ***Scoring of WSAS***

1-10 – mild functional impairment

11-20 – moderately severe functional impairment

21+ - severe functional impairment

### **Reference**

Mundt, J.C. et al. (2002). The Work and Social Adjustment Scale: a simple measure of impairment in functioning. *The British Journal of Psychiatry*, 180, 461-464