UNDERSTAND YOUR RESPONSES

Anxiety

This report uses fictional responses only. It demonstrates the report format, not a real person’s result.

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ANSWERED ITEMS

GAD-7

METHOD USED

7 / 21

Mild reported anxiety symptoms

The GAD-7 refers to the past two weeks. Points describe the frequency of reported symptoms, not the probability of an anxiety disorder.

GAD-7: Assessment threshold not reached

The original manual recommends further professional assessment at 10 points or above. A lower score does not rule out an anxiety disorder. Physical causes or other difficulties may also play a role. Support can be useful when you are distressed regardless of the score.

The 7 original GAD-7 items describe anxiety symptoms over the past two weeks. The 20 original additional questions refer to the past four weeks and are interpreted separately. They do not change the GAD-7 score. The score is not a diagnosis or a probability of a condition. It does not reliably distinguish anxiety disorders or physical causes. New or unexplained physical symptoms should not be attributed solely to anxiety.

Next: understand the numbers, review specific responses and record personal notes for a conversation.

01 / YOUR REPORT

How your screening score is calculated

Each of the seven original responses receives 0 to 3 points. The total ranges from 0 to 21. All seven responses are required; a skipped response is not replaced with zero.

Your calculation

1 + 1 + 2 + 1 + 0 + 1 + 1 = 7

0-4	**Minimal reported anxiety symptoms**	GAD-7 score band, not a diagnostic category.
5-9	**Mild reported anxiety symptoms**	GAD-7 score band, not a diagnostic category.
10-14	**Moderate reported anxiety symptoms**	GAD-7 score band, not a diagnostic category.
15-21	**Severe reported anxiety symptoms**	GAD-7 score band, not a diagnostic category.

For the assessment indication we use the original manual threshold of 10. Other studies use different thresholds, such as 8. Suitability depends on the setting. We do not derive a personal probability of a condition from it.

Additional questions are not added to the screening score. We do not report a probability of a condition or a population percentile.

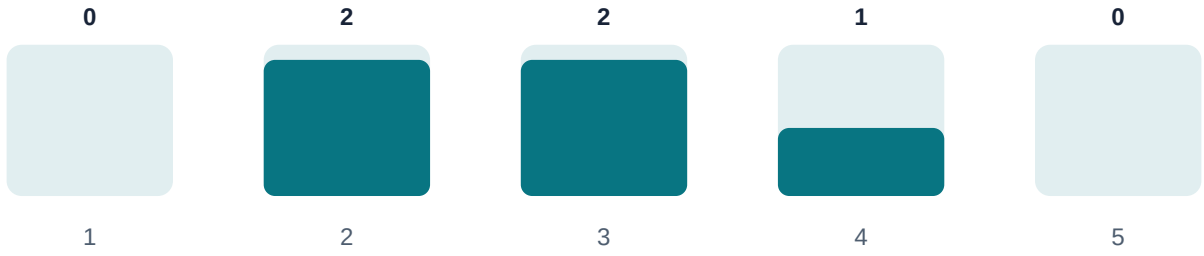
02 / YOUR REPORT

Your responses at a glance

This chart counts response positions, not symptoms or diagnoses.

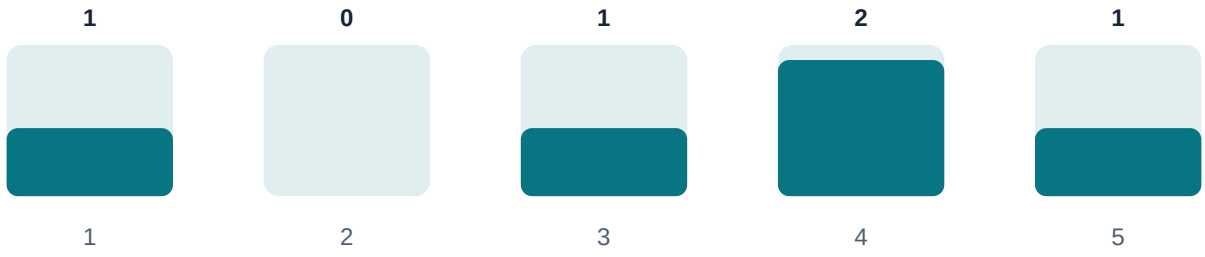
Recurring worry

Mostly or fully endorsed: 1 / 5 answered statements. Skipped: 0.



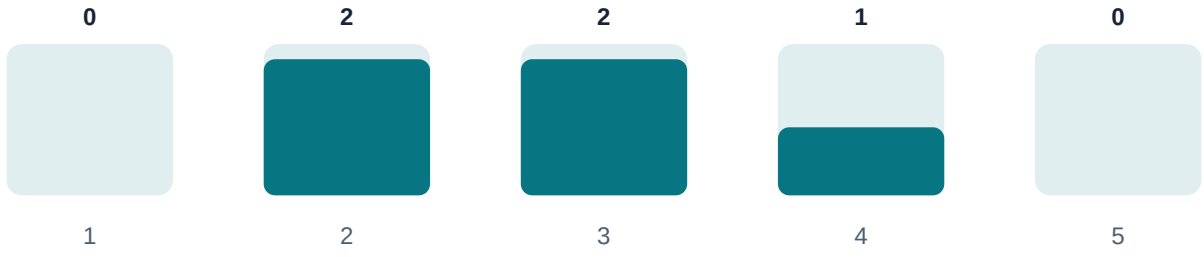
Experienced tension

Mostly or fully endorsed: 3 / 5 answered statements. Skipped: 0.



Seeking reassurance

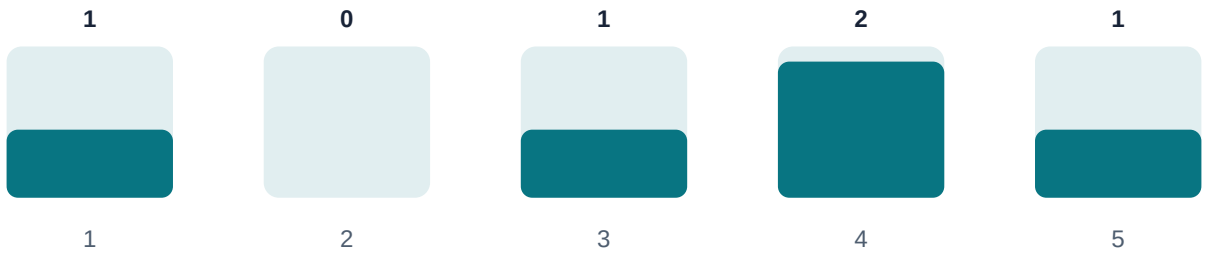
Mostly or fully endorsed: 1 / 5 answered statements. Skipped: 0.



Your responses at a glance / CONTINUED

Impact on daily life

Mostly or fully endorsed: 3 / 5 answered statements. Skipped: 0.



Levels 1 to 5 follow the response order from “Not true” to “True”. Higher means greater endorsement of those statements, not better or worse health. Positive and difficult experiences are not combined into a condition score.

03 / YOUR REPORT

From responses to concrete situations

Three examples from the first topics you answered. Each shows a statement with the highest endorsement in that topic, even if endorsement is low overall. This is not a ranking of your most important concerns. All responses appear in the appendix.

Recurring worry

My thoughts move from one possible problem to the next.

Your response: Mostly true

One example: when does this fit, and when is it different?

Experienced tension

After dealing with a demand, I need time for my sense of alarm to ease.

Your response: Very true

One example: when does this fit, and when is it different?

Seeking reassurance

Before ordinary decisions, I keep gathering information even when little new information emerges.

Your response: Mostly true

One example: when does this fit, and when is it different?

04 / YOUR REPORT

Your next step

1

Describe one situation

Choose one response that matters to you. Note when you have this experience and what helps or makes it difficult.

2

Add context

How long has this been happening? In which parts of your life? What else might play a role? This questionnaire cannot fully answer those questions.

3

Choose suitable support

If you feel distressed or have unanswered questions, you can seek professional support regardless of the score. Bring your examples and questions to the conversation.

Support options and conversation worksheet

What I want to discuss next time:

05 / YOUR REPORT

Method, sources and limitations

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Your responses are self-reported. The report is generated automatically and is not reviewed by a clinician. Diagnosis requires professional assessment. The report does not replace treatment, assess occupational fitness or serve as an emergency tool.

GAD-7: Spitzer, Kroenke, Williams & Löwe (2006). Deutsche Version: © Prof. Dr. Bernd Löwe, 2015, Universitätsklinikum Hamburg-Eppendorf. Developed with an educational grant from Pfizer Inc.

Original instrument source

Original additional questions are not clinically validated or normed on a representative population. Response counts apply only to the listed statements. Missing responses are shown and are not treated as a low score.

06 / YOUR REPORT

Your responses in full

1	**Feeling nervous, anxious or on edge**	Original screening · Several days
2	**Not being able to stop or control worrying**	Original screening · Several days
3	**Worrying too much about different things**	Original screening · More than half the days
4	**Trouble relaxing**	Original screening · Several days
5	**Being so restless that it is hard to sit still**	Original screening · Not at all
6	**Becoming easily annoyed or irritable**	Original screening · Several days
7	**Feeling afraid as if something awful might happen**	Original screening · Several days
8	**A possible difficulty keeps occupying me even when I cannot do anything about it at that moment.**	Recurring worry · Partly true
9	**My thoughts move from one possible problem to the next.**	Recurring worry · Mostly true
10	**I mentally rehearse unfavourable developments even though it is unclear whether they will happen.**	Recurring worry · Mostly untrue
11	**Worries interrupt my attention during activities that matter to me.**	Recurring worry · Partly true
12	**When a problem is settled for the moment, I can usually turn my thoughts to other things.**	Recurring worry · Mostly untrue
13	**Even in quiet everyday situations, I feel internally on standby.**	Experienced tension · Mostly true
14	**During longer periods of worry, I notice that I hold my body tensely.**	Experienced tension · Partly true

Your responses in full / CONTINUED

15	**After dealing with a demand, I need time for my sense of alarm to ease.**	Experienced tension · Very true
16	**Inner restlessness makes it harder for me to stay with a quiet activity.**	Experienced tension · Mostly true
17	**In familiar, safe everyday situations, I usually feel at ease.**	Experienced tension · Not at all true
18	**I look for reassurance again even after receiving an answer about an everyday worry.**	Seeking reassurance · Partly true
19	**Before ordinary decisions, I keep gathering information even when little new information emerges.**	Seeking reassurance · Mostly true
20	**A small remaining uncertainty keeps me from mentally closing an issue.**	Seeking reassurance · Mostly untrue
21	**I repeatedly ask others whether I have judged an everyday situation correctly.**	Seeking reassurance · Partly true
22	**With ordinary decisions, I can usually move forward despite some uncertainty.**	Seeking reassurance · Mostly untrue
23	**I postpone everyday plans because thoughts about possible difficulties occupy a lot of space.**	Impact on daily life · Mostly true
24	**After longer periods of worry, I lack energy for things I enjoy.**	Impact on daily life · Partly true
25	**During time with others, my thoughts are often on possible problems rather than the interaction.**	Impact on daily life · Very true
26	**I choose everyday activities according to how little uncertainty they create for me.**	Impact on daily life · Mostly true
27	**Despite occasional worries, I can usually take part in important everyday activities as intended.**	Impact on daily life · Not at all true