

# Anxiety Nursing Diagnosis

| <b>Patient information</b>   |   |                   |                     |                                |                         |
|------------------------------|---|-------------------|---------------------|--------------------------------|-------------------------|
| Patient name:                |   |                   |                     |                                |                         |
| Age:                         |   |                   |                     |                                |                         |
| Gender:                      |   |                   |                     |                                |                         |
| Date of evaluation:          |   |                   |                     |                                |                         |
| <b>Medical history</b>       |   |                   |                     |                                |                         |
| Relevant medical conditions: |   |                   |                     |                                |                         |
|                              |   |                   |                     |                                |                         |
| Current medications:         |   |                   |                     |                                |                         |
|                              |   |                   |                     |                                |                         |
| <b>GAD-7 assessment</b>      |   |                   |                     |                                |                         |
| #                            | Question  | Not at all<br>(0) | Several days<br>(1) | More than half the days<br>(2) | Nearly every day<br>(3) |
| 1                            | Feeling nervous, anxious, or on edge              |                   |                     |                                |                         |
| 2                            | Not being able to stop or control worrying        |                   |                     |                                |                         |
| 3                            | Worrying too much about different things          |                   |                     |                                |                         |
| 4                            | Trouble relaxing                                  |                   |                     |                                |                         |
| 5                            | Being so restless that it is hard to sit still    |                   |                     |                                |                         |
| 6                            | Becoming easily annoyed or irritable              |                   |                     |                                |                         |
| 7                            | Feeling afraid as if something awful might happen |                   |                     |                                |                         |
| <b>Total</b>                 |   |                   |                     |                                |                         |
| <b>Interpretation</b>        |   |                   |                     |                                |                         |
| 0-4: Minimal anxiety         |   |                   |                     |                                |                         |
| 5-9: Mild anxiety            |   |                   |                     |                                |                         |
| 10-14: Moderate anxiety      |   |                   |                     |                                |                         |
| 15-21: Severe anxiety        |   |                   |                     |                                |                         |

**Observations**

**Preliminary diagnosis**

**Recommendations**

Doctor's name:

Doctor's signature:

Date: