





## KenyaEMR GAD-7 User Job Aid

Last updated 17th July 2023

Tasks:		Updating GAD-7 form	
Objective:		To guide user in filling the Generalized Anxiety Disorder Assessment_GAD-7 form in KenyaEMR	
Who:		EMR user/HRIO/Data clerk	
<b>Required Materials:</b>		Username, password, computer installed with KenyaEMR version 18.6.1 and above	
Step Action			
1.	Login to KenyaEMR Step 1:   Authenticate entry by providing username and password on the fields On successful loading, you should be navigated to the KenyaEMR Home Page   Image: Comparison of the fields of the field		
2. After a successful login, navigate to the Home page and click Clinician app, search for a patient and locate the Generalized Anxiety Disorder Assessment form under the available visit forms. Answer the questions correctly as per the responses from a client, <b>Anxiety Assessment Score</b> section will be automatically updated for you depending on the selected options. Click <b>Enter Form</b> to submit when done.     Generalized Anxiety Disorder Assessment     Generalized Anxiety Disorder Assessment			
	Generalized Anxiety Disorder Assessment		
	1. Feeling nervou on edge	2 weeks, now often have you been bothered by any of the following problems? is, anxious or	$\bigcirc$ Not at all $\bigcirc$ Several days $\bigcirc$ More than half the days $\   oldsymbol{ ilde{ extbf{0}}}$ Nearly every day
	2. Not being able control worryi	e to stop or ng	$\bigcirc$ Not at all $\bigcirc$ Several days $\bigcirc$ More than half the days $③$ Nearly every day
	3. Worrying too r different thing	nuch about Is	$\bigcirc$ Not at all $\bigcirc$ Several days $\bigcirc$ More than half the days $\bigcirc$ Nearly every day
	4. Trouble Relaxi	ng	○ Not at all ○ Several days ● More than half the days ○ Nearly every day
	5. hard to sit still	es una cos I	$\odot$ Not at all $\odot$ Several days $\odot$ More than half the days $\odot$ Nearly every day
	6. Feeling bad ab or that you ha	out yourself, or that you are a failure, ve let yourself or your family down	$\bigcirc$ Not at all $\$ Several days $\bigcirc$ More than half the days $\bigcirc$ Nearly every day
	Feeling afraid 7. something aw happen	as if ful might	$\bigcirc$ Not at all $\bigcirc$ Several days $\bigcirc$ More than half the days $③$ Nearly every day
	Anxiety Assessment Score GAD 7 Rating: O Minimal Anxiety O Mild Anxiety O Moderate Anxiety O Severe Anxiety		
	End		