

Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7)

Date Patient Name Date of Birth

Over the last 2 weeks how often have you been bothered by any of the following problems?
PHQ-9

1. Little interest or pleasure in doing things
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
2. Feeling down, depressed, or hopeless
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
3. Trouble falling or staying asleep, or sleeping too much.
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
4. Feeling tired or having little energy.
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
5. Poor appetite or overeating.
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down.
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
7. Trouble concentrating on things, such as reading the newspaper or watching television.
- ☐ 0 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day
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 - Not at all

☐ 1 - Several days

☐ 2 - More than half the days

☐ 3 - Nearly every day



9. Thoughts that you would be better off dead, or hurting yourself in some way.
- ☐ 0 - Not at all
 - ☐ 1 - Several days
 - ☐ 2 - More than half the days
 - ☐ 3 - Nearly every day

Total for - Not at all

Total for - Several days

Total for - Over half the days

Total for - Nearly every day

Total Score (add your column score) :

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very Difficult ☐ Extremely Difficult

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

GAD-7

1. Feeling nervous, anxious, or on edge,
- ☐ 0 - Not at all sure
 - ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day
2. Not being able to stop or control worrying
- ☐ 0 - Not at all sure
 - ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day
3. Worrying too much about different things.
- ☐ 0 - Not at all sure
 - ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day
4. Trouble relaxing
- ☐ 0 - Not at all sure
 - ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day
5. Being so restless that it's hard to sit still.
- ☐ 0 - Not at all sure
 - ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day
6. Becoming easily annoyed or irritable.
- ☐ 0 - Not at all sure



- ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day
7. Feeling afraid as if something awful might happen.
- ☐ 0 - Not at all sure
 - ☐ 1 - Several days
 - ☐ 2 - Over half the days
 - ☐ 3 - Nearly every day

Total for - Not at all sure

Total for - Several days

Total for - More than half the days

Total for - Nearly every day

Total Score (add your column score):

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very Difficult ☐ Extremely Difficult

☐ Not difficult at all ☐ Somewhat difficult ☐ Very Difficult ☐ Extremely Difficult

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