



Patient:

Date:

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

| PHQ-9 | | 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 |

Total Score: _____

| GAD-7 | | 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's 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 |

Total Score: _____