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

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

Date of Birth:

Date: _____ Patient Name:__

4. Trouble relaxing.

5. Being so restless that it's hard to sit still.6. Becoming easily annoyed or irritable.

7. Feeling afraid as if something awful might happen.

Please put an X for each question. PHQ-9		Not at all	Several days	More than the days		Nearly every day
1. Little interest or pleasure in	n doing things.					
2. Feeling down, depressed, or hopeless.						
3. Trouble falling or staying asleep, or sleeping too much.						
4. Feeling tired or having little energy.						
5. Poor appetite or overeating.						
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.						
7. Trouble concentrating on things, such as reading the newspaper or watching television.						
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.						
9. Thoughts that you would be better off dead, or of hurting yourself in some way.						
yoursell in some way.						
f you checked off any problems get along with other people? (Pl	, how difficult have these made it for your case check one)	ou to do y	our work, t			
Not difficult at all	Somewhat difficult	Very Difficult		Extremely Difficult		
Over the <u>last 2 weeks,</u> how of Please put an X for each ques	ten have you been bothered by any tion.					Noorb
GAD-7		Not at a sure	III Sever			Nearly every day
1. Feeling nervous, anxious,	or on edge.					
2. Not being able to stop or co	ontrol worrying.					
3. Worrying too much about different things.		_				

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? (Please check one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult