

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Patient Health Questionnaire-9 (PHQ9)

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

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling / staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the news or watching television	0	1	2	3
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
Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Score: _____ + + +
 Total Score: _____

If you checked off any problems, how difficult have these problems 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Generalized Anxiety Disorder 7-item Scale (GAD7)

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

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it's hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

Score: _____ + + +
 Total Score: _____

If you checked off any problems, how difficult have these problems 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>