

PATIENT NAME _____

TODAY'S DATE _____

PHQ-9		Not at all	Several days	More than half the days	Nearly every day
Over the last 5 days , how often have you been bothered by any of the following problems?					
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 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
<p><i>If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?</i></p> <p><input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult</p>					
TOTAL PHQ-9 SCORE + Q=					

GAD-7		Not at all	Several days	More than half the days	Nearly every day
Over the last 5 days , how often have you been bothered by any of the following problems?					
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 it is 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
<p><i>If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?</i></p> <p><input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult</p>					
TOTAL GAD-7 SCORE + Q=					