

THIS FORM HAS 2 SIDES. COMPLETE BOTH SIDES AND RETURN TO YOUR PROVIDER.

PHQ-9 & GAD-7

Today's Date: _____ Date of birth: ____/____/____

First Name: _____ Last Name: _____

PHQ-9-Patient Health Questionnaire

Over the <u>last 2 weeks</u> , on how many days have you been bothered by any of the following problems?	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 over eating	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	0	1	2	3
Add the score for each column		+	+	

Total Score (add your column scores)	
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If you checked off any problems, how difficulty 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 _____

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GAD-7

Generalized Anxiety Disorder 7-item scale

Over the last 2 weeks, on how many days have you been bothered by any of the following problems?	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
Add the score for each column		+	+	

Total Score (add your column scores)	
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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 _____

Source: Sptizer, RL, Kroenke K, Williams JBW, Loew B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006; 166:1092-1097

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