

# PATIENT HEALTH QUESTIONNAIRE & GENERALIZED ANXIETY DISORDER (PHQ-9 & GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use  $\checkmark$  to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
<b>Low Mood</b>				
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/staying asleep, 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 /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

<b>Anxiety</b>				
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 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
<b>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?</b>	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	0	1	2	3