

PHQ-9 / GAD-7

Patient name

Date:

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

Not at all (0)

Several days (1)

More than half
the days (2)Nearly every day
(3)

Q1. Little interest or pleasure in doing things

Q2. Feeling nervous, anxious or on edge

Q3. Feeling down, depressed, or hopeless

Q4. Not being able to stop or control worrying

Q5. Trouble falling or staying asleep, or sleeping too much

Q6. Worrying too much about different things

Q7. Feeling tired or having little energy

Q8. Trouble relaxing

Q9. Poor appetite or overeating

Q10. Being so restless that it is hard to sit still

Q11. Feeling bad about yourself or that you are a failure or have let yourself or your family down

Q12. Becoming easily annoyed or irritable

Q13. Trouble concentrating on things, such as reading the newspaper or watching television

Q14. Feeling afraid as if something awful might happen

Q15. 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

Q16. Thoughts that you would be better off dead, or of hurting yourself in some way

B. 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