

Patient Health Questionnaire (PHQ-9)

<i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i>		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 asleep, 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 much more slowly than usual; Or the opposite – fidgety or restless	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off any problems have these problems made it for your work, take care of things at home, or get along with other people?

Not difficult at all
 Somewhat difficult
 Very Difficult
 Extremely Difficult

Generalized Anxiety Disorder 7 (GAD-7)

<i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i>		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 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

If you checked off any problems have these problems made it for your work, take care of things at home, or get along with other people?

Not difficult at all
 Somewhat difficult
 Very Difficult
 Extremely Difficult

Affix Patient Label Here