Patient Health Questionnaire and General Anxiety Disorder (PHQ9 and GAD7)

PHQ-9 & GAD7 FORM

Date: _____ dd / mm / yyyy **Name:** _____

Date of Birth: _____ dd / mm / yyyy

Over the last 2 weeks how often have you been bothered by any of the following problems? Please select the most relevant answer.

Little interest or pleasure in doing things

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

Feeling down, depressed, or hopeless

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

Trouble falling or staying asleep, or sleeping too much.

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

Feeling tired or having little energy.

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

Poor appetite or overeating.

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

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

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

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

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

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.

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

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

◯ Not at all (0) ◯ Several days (1) ◯ More than half the days (2) ◯ Nearly every day (3)

Select the total score

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18
- ◯ 19
- ◯ 20
- ◯ 21
- ◯ 22
- ◯ 23
- ◯ 24
- ◯ 25
- ◯ 26
- ◯ 27

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

Over the last 2 weeks how often have you been bothered by any of the following problems? Please select the most relevant answer.

Feeling nervous, anxious, or on edge.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Not being able to stop or control worrying.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Worrying too much about different things.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Trouble relaxing.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Being so restless that it's hard to sit still.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Becoming easily annoyed or irritable.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Feeling afraid as if something awful might happen.

◯ Not at all sure (0) ◯ Not being able to stop or control worrying (1) ◯ Over half the days (2) ◯ Nearly every day (3)

Select the total score

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18
- ◯ 19
- ◯ 20
- ◯ 21

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