PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "" to indicate your answer)		red 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			1	2	3
4. Feeling tired or having little energy			1	2	3
5. Poor appetite or overeating .		0	1	2	3
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			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 wou yourself in some way	ld be better off dead or of hurting	0	1	2	3
	For office	coding 0 +		<u>.</u> 4	
	•		≔]	otal Score:	
If you checked off <u>any</u> p work, take care of things	roblems, how <u>difficult</u> have the s at home, or get along with oth	se problems m er people?	ade it for y	ou to do y	our
Not difficult at all □	Somewhat difficult □ ·	Very - difficult □		Extremel	y

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GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
(Use "✔" to indicate your answer)	· · · · · · · · · · · · · · · · · · ·			
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

(For office coding: Total Score T___ = ___ + ____

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