PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:	DATE:				
Over the last 2 weeks, how often have you been					
bothered by any of the following problems? (use "√" to indicate your answer)	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	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 figety or 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	0	1	2	3	
	add columns	-	+ -	F	
(Healthcare professional: For interpretation of TOTA please refer to accompanying scoring card).	AL, TOTAL:				
10. If you checked off any problems, how difficult		Not diffi	cult at all		
have these problems made it for you to do	Somewhat difficult				
your work, take care of things at home, or get	Very difficult				
along with other people?		Extremely difficult			

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GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use " "" to indicate your answer)	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
 Feeling afraid as if something awful might happen 	0	1	2	3
(For office coding: Total Sc	ore T	=	+ •	+)

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