

Patient Name: _____

Date: _____

GAD-7 Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Circle to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day	Row Total
1. Feeling nervous, anxious, on edge	0	1	2	3	
2. Not being able to stop or to 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	
					Total Score
PHQ-9 Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Circle to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day	Row Total
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 fidgety 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 in some way	0	1	2	3	
					Total Score

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Functioning If you checked <u>any</u> problems on this questionnaire, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people? (Circle to indicate your answer)	Not difficult at all	Somewhat Difficult	Very Difficult	Extremely Difficult
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Please answer the following four questions. (Circle to indicate your answer)	-5 Very Much Worse	-4	-3	-2	-1	0 No Change	+1	+2	+3	+4	+5 Very Greatly Improved
1. How much has the problem for which you sought treatment been resolved?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
2. Rate any changes in how well you are doing in your job since you started treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
3. Rate any changes in how well you are doing in your marital/family relationships since you started treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
4. Rate any changes in your general happiness & well-being since you started treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5