

Name: _____ DOB: _____ Today's Date: _____

PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

In the past 2 weeks, how often have you been bothered by any of the following problems?

	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 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: _____	<i>(1-4 min, 5-9 mld, 10-14 mod, 15-19 mod/svr, 20-27 svr)</i>			

If you checked off **any** problems, how **difficult** have these problems 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERALIZED ANXIETY DISORDER 7-ITEM SCALE (GAD-7)

In the past 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	Over 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's 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: _____	<i>(5 mld, 10 mod, 15 svr)</i>			

If you checked off **any** problems, how **difficult** have these problems 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ADULT ADHD SELF-REPORT SCALE SYMPTOM CHECKLIST (ASRS-V1.1)

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, mark the answer that best describes how you've felt and conducted yourself over the past 6 months (if this is a re-check, use the past 2 wks).

	Never	Rarely	Sometimes	Often	Very often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	0	1	2	3	4
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	0	1	2	3	4
3. How often do you have problems remembering appointments or obligations?	0	1	2	3	4
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	1	2	3	4
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	1	2	3	4
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	1	2	3	4
<i>Total:</i>	<i>Subtotals:</i>				
7. How often do you make careless mistakes when you have to work on a boring or difficult project?	0	1	2	3	4
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	0	1	2	3	4
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	0	1	2	3	4
10. How often do you misplace or have difficulty finding things at home or at work?	0	1	2	3	4
11. How often are you distracted by activity or noise around you?	0	1	2	3	4
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	1	2	3	4
13. How often do you feel restless or fidgety?	0	1	2	3	4
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	1	2	3	4
15. How often do you find yourself talking too much when you are in social situations?	0	1	2	3	4
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?	0	1	2	3	4
17. How often do you have difficulty waiting your turn in situations when turn-taking is required?	0	1	2	3	4
18. How often do you interrupt others when they are busy?	0	1	2	3	4
<i>Total:</i>	<i>Subtotals:</i>				