

## Generalized Anxiety Disorder 7-item Scale (GAD-7)

Patient Name:

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Date of Visit:

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### Client Questions

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

1. Feeling nervous, anxious, or on edge:
2. Not being able to stop or control worrying:
3. Worrying too much about different things:
4. Trouble relaxing:
5. Being so restless that it is hard to sit still:
6. Becoming easily annoyed or irritable:
7. Feeling afraid as if something awful might happen:

### Questionnaire Score

Add up all the numbers for answers 1-7 above.

Total Score: \_\_\_\_\_

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?:

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## Patient Health Questionnaire 2 (PHQ-2)

Patient Name:

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Date of Visit:

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### Client Questions

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

1. Little interest or pleasure in doing things:

2. Not being able to stop or control worrying:

### Questionnaire Score

Add up all the numbers for answers 1-2 above.

Total Score: \_\_\_\_\_

## The Patient Health Questionnaire 9 (PHQ-9)

Patient Name:

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Date of Visit:

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### Client Questions

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

1. Little interest or pleasure in doing things:
2. Feeling down, depressed, or hopeless:
3. Trouble falling asleep, staying asleep, or sleeping too much:
4. Feeling tired or having little energy:
5. Poor appetite or overeating:
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down:
7. Trouble concentrating on things, such as reading the newspaper or watching television:
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:
9. Thoughts that you would be better off dead or of hurting yourself in some way (Y/N):  
If yes, please explain:

### Questionnaire Score

Add up all the numbers for answers 1-9 above.

Total Score: \_\_\_\_\_

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?:

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