

Form Ref: PHQ-9					
Over the last two weeks, how often have you been bothered by any of the following problems? (please 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 / staying asleep, 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
Office or Counsellor to enter column scores:		0			
Office or Counsellor to enter PHQ-9 Total Score					
Date Completed (dd/mm/yyyy):					
Client Reference Number:					

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

Now please complete the questionnaire on the next page...

Form Ref: GAD-7					
Over the last two weeks, how often have you been bothered by the following problems? (please 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
7	Feeling afraid as if something awful might happen	0	1	2	3
Office or Counsellor to enter column scores:		0			
Office or Counsellor to enter GAD-7 Total Score:					
Date Completed (dd/mm/yyyy):					
Client Reference Number:					

For Office Use:

Database Updated: PHQ-9 GAD-7

Acknowledgement: PHQ-9 & GAD-7 developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.