



DIABETES & THYROID METABOLIC CLINIC

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PATIENT HEALTH QUESTIONNAIRE AND GENERAL ANXIETY DISORDER (PHQ9 AND GAD 7)

DATE: _____ PATIENT NAME: _____ DOB: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle your answers

| PHQ – 9 FORM | NOT AT ALL | SEVERAL DAYS | MORE THAN HALF THE DAYS | NEARLY EVERY DAY |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest of pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling asleep 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 | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things such as reading the newspaper or watching tv | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people have noticed or 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 (add your column score): _____

If you checked off any problems, how difficult has it made it for you to work, take care of things at home, or get along with other people: (Circle) Not difficult at all Somewhat difficult Very difficult Extremely difficult

| GAD – 7 | Not at all sure | Several days | Over half the days | Nearly every day |
|--|-----------------|--------------|--------------------|------------------|
| 1. Feeling nervous, anxious, or on the 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 score (Add your column scores): _____

If you checked off any problems, how difficult has it made it for you to work, take care of things at home, or get along with other people: (Circle) Not difficult at all Somewhat difficult Very difficult Extremely difficult