

Patient ID:

Date:

Session No.:

Therapist ID:

**PHQ 9**Over the **last 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 PHQ 9 Score:***\*If you have answered 'several days' or more to Q.9 please also answer the following questions:*

- |  |     |    |   |   |   |   |   |   |   |   |    |
|--|-----|----|---|---|---|---|---|---|---|---|----|
| 1. Do you ever feel so bad that you think about harming or killing yourself? | Yes | No |   |   |   |   |   |   |   |   |    |
| 2. Do you ever feel that life is not worth living?                           | Yes | No |   |   |   |   |   |   |   |   |    |
| 3. Have you made any plans to end your life?                                 | Yes | No |   |   |   |   |   |   |   |   |    |
| 4. Do you know how you would kill yourself?                                  | Yes | No |   |   |   |   |   |   |   |   |    |
| 5. Have you made actual preparations to kill yourself?                       | Yes | No |   |   |   |   |   |   |   |   |    |
| 6. Have you ever attempted suicide in the past?                              | Yes | No |   |   |   |   |   |   |   |   |    |
| 7. How likely is it that you would act upon such thoughts and plans?         | 0   | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. What is preventing you from killing or harming yourself at the moment?    |     |    |   |   |   |   |   |   |   |   |    |

**GAD 7**Over the **last 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. 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

**Total GAD 7 Score:**

