

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: Ashley Brewer

DATE: 1-17-23

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(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 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	0 ✓	1	2	3

add columns

1 + 1 + 9

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

10 mod

10. 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 _____

Generalized Anxiety Disorder 7-item (GAD-7) scale

Ashley Brewer

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	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
<i>Add the score for each column</i>	+	+	2	12
Total Score (add your column scores) =	14 mod			

If you checked off any problems, how difficult have these 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 _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

Name: Ashley Brewer Date: 1.17.23

Instructions: Check (✓) the answer that best applies to you.

Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☒
...you were so irritable that you shouted at people or started fights or arguments?	☒	☐
...you felt much more self-confident than usual?	☐	☒
...you got much less sleep than usual and found you didn't really miss it?	☐	☒
...you were much more talkative or spoke faster than usual?	☐	☒
...thoughts raced through your head or you couldn't slow your mind down?	☐	☒
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☒
...you had much more energy than usual?	☐	☒
...you were much more active or did many more things than usual?	☐	☒
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☒
...you were much more interested in sex than usual?	☐	☒
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☒
...spending money got you or your family in trouble?	☐	☒
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	☐	☒
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
☒ No problem ☐ Minor problem ☐ Moderate problem ☐ Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	☐	☒
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	☐	☒

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry*. 2000;157:1873-1875.