Rose NeuroSpa
Mental Health Care Reimagined!

Patient Health Questionnaire and General Anxiety Disorder

Date: _____ Patient Name:_____ Date of Birth:_____

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

PHQ-9	**Not at all**	**Several Days**	**More than half the days**	**Nearly Every day**
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Total Score _____

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? (Circle one)

Not Difficult at all **Somewhat Difficult** **Very Difficult** **Extremely Difficult**

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

Please circle your answers.

GAD-7	**Not at all sure**	**Several days**	**Over half the days**	**Nearly every day**
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble Relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

Total Score_____

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? (Circle one)

Not Difficult at all **Somewhat Difficult** **Very Difficult** **Extremely Difficult**