

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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  +  +

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

<p><b>10.</b> If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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## Generalized Anxiety Disorder 7-item (GAD-7) scale

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>	+	+	+	
<b>Total Score (add your column scores) =</b>				

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 \_\_\_\_\_

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

# THE MOOD DISORDER QUESTIONNAIRE

**Instructions:** Please answer each question to the best of your ability.

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

## REVIEW OF SYSTEMS

Please check if you currently have any problems with the following:

### Constitutional:

- Unexplained weight loss
- Night sweats
- Fatigue/Lethargy
- Appetite
- Sleep

### ENT

- Eyes
- Ears
- Nose
- Mouth
- Throat

### Cardiovascular

- Chest pain
- Shortness of breath
- Faintness
- Loss of consciousness

### Genitourinary

- Difficulty urinating
- Overactive bladder
- Decreased force of stream

### Musculoskeletal

- Pain
- Stiffness
- Joint swelling
- Decreased range of motion
- Arthritis

### Gastrointestinal

- Abdominal pain
- Unintentional weight loss
- Difficulty swallowing
- Indigestion
- Bloating
- Nausea/Vomiting
- Inability to pass gas
- Blood in stool

### Skin/Breast

- Rashes
- Lesions
- Wounds
- Tumors
- Eczema
- Breast pain
- Breast lumps

Name \_\_\_\_\_

- Breast Discharge

### Neurological

- Changes in sight/smell/hearing/taste
- Seizures
- Fainting
- Headache
- Numbness
- Weakness
- Speech problems
- Balance issues

### Psychiatric

- Depression
- Anxiety
- Difficulty concentrating
- Body image
- Work/school performance
- Paranoia
- Difficulty experiencing pleasure
- Lack of energy
- Episodes of mania
- Episodic change in personality
- Sexual or financial binges

### Endocrine

- Hyperthyroid Prefer cold weather, mood swings, sweaty, diarrhea, weight loss despite increased appetite, tremors, palpitations, visual disturbances
- Hypothyroid Prefer hot weather, slow, tired, depressed, thin hair, croaky voice, heavy periods, constipation, dry skin
- Diabetes Dizziness, sweating, headache, constant thirst, frequent urination
- Low blood pressure

### Men

- Erectile dysfunction
- Depression
- Lack of stamina/energy

### Women

- Cycle duration and frequency
- Vaginal bleeding irregularities
- Use of birth control

### Hematologic/Lymphatic

- Anemia
- Prolonged bleeding after dental extraction
- Family history of hemophilia
- History of blood transfusion

### Allergic/Immunologic

- Difficulty breathing after exposure to anything
- Pain or swelling at groin/neck/lymph nodes
- Unusual sneezing
- Runny/itchy nose
- Watery/itchy eyes