



RELIANCE
Health Systems

Patient Name: _____

Date: _____

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 everyday
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 your self – 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 hurting yourself in some way	0	1	2	3
		PHQ-9 Total Score			

Q6 Core 10

I made plans to end my life in the last 2 weeks: Yes No

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 everyday
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
		GAD-7 Total Score			