# SPRINGTOWN FAMILY HEALTH CENTER

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**Name:** _____ **Date of Birth:** _____ **Today's Date:** _____

| 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 |

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

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

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Name: _____ Date of Birth: _____ Today's Date: _____

## Generalized Anxiety Disorder Questionnaire for DSM-IV (GA-DSM-IV)

## Self-Report Version

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

***(use ☒ to indicate your answer)***

| | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Excessive anxiety or worry about a number of events or activities? | 0 | 1 | 2 | 3 |
| 2. Finding it difficult to control worrying? | 0 | 1 | 2 | 3 |
| 3. Feeling restless, keyed up or on edge? | 0 | 1 | 2 | 3 |
| 4. Being easily fatigued? | 0 | 1 | 2 | 3 |
| 5. Difficulty concentrating or your mind going blank? | 0 | 1 | 2 | 3 |
| 6. Being irritable? | 0 | 1 | 2 | 3 |
| 7. Having muscle tension? | 0 | 1 | 2 | 3 |
| 8. Having disturbed sleep, such as difficulty falling asleep, difficulty staying asleep or restless unsatisfying sleep? | 0 | 1 | 2 | 3 |
| 9 Feeling distressed because of these problems ? | 0 | 1 | 2 | 3 |

| **10. 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 =0 | Somewhat difficult = 1 | Very difficult =2 | Extremely difficult =3 |
|---|---|---|---|---|

**Total Score (add up items 1-10) =** _____

Recommended scoring for this version => clinical anxiety ≥ 10 (mild) ≥ 15 (moderate) ≥ 20 (severe)



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**Name:** _____ **Date of Birth:** _____ **Today's Date:** _____

# 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? | ☐ | ☐ |
| ...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 much 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 into 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? | ☐ | ☐ |

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? Please circle one response only.

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? | ☐ | ☐ |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | ☐ | ☐ |



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