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 (0%-25%)	Several Days (25% - 50%)	More than half the days (50% - 75%)	Nearly every day (75% - 100%)
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
		PHQ9 Total Score		
I made plans to end my life in the last 2 weeks	NO		YES	

GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0%-25%)	Several days (25% - 50%)	More than half the days (50% -75%)	Nearly every day (75%-100%)
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
		GAD7 total score		