

### **GAD-7 Anxiety**

For a Guide to my approach and advice for treating anxiety please see the link below

https://www.ponderingelephants.com/wp-content/uploads/2019/04/Pondering-Elephants-Anxiety-Effective-Therapy-My-Approach.pdf

Over the <u>last 2 weeks</u> , he been bothered by the followard (Use "\sqrt{"}" to indicate your a	wing problems?	Not at all	Several days	More than Half the days	Nearly every day			
Feeling nervous, anx	ious or on edge	0	1	2	3			
Not being able to stop	2. Not being able to stop or control worrying			2	3			
3. Worrying too much a	3. Worrying too much about different things			2	3			
4. Trouble relaxing		0	1	2	3			
5. Being so restless tha	5. Being so restless that it is hard to sit still		1	2	3			
6. Becoming easily ann	oyed or irritable	0	1	2	3			
7. Feeling afraid as if so Might happen	omething awful	0	1	2	3			
Column totals: +	+_+	_	= Total \$	Score				
If you checked off <u>any</u> problems, how <u>difficult</u> 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 Somewhat all difficult		Very difficult		Extremely difficult				

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

# **PHQ-9 Depression**

# Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems? Nearly

More than

	(Use " <b>√</b> " to indicate your answer"		at Several half the every				
		all	days	days	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 that	an					
	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		
	Column totals		+	++			
	= Total Score						

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## Scoring notes.

#### • PHQ-9 Depression Severity

Scores represent: 0-5 = mild 6-10 = moderate 11-15 = moderately severe 16-20 = severe depression

#### · GAD-7 Anxiety Severity.

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. GAD-7 total score for the seven items ranges from 0 to 21.

Scores represent: 0-5 mild 6-10 moderate 11-15 moderately severe anxiety 15-21 severe anxiety.