

Patient Health Questionnaire (GAD-7)

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Feeling nervous, anxious or on edge?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

2. Not being able to stop or control worrying?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

3. Worrying too much about different things?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

4. Trouble relaxing?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

5. Being so restless that it is hard to sit still??

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

6. Becoming easily annoyed or irritable??

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

7. Feeling afraid as if something awful might happen?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

Total = /21

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Patient Health Questionnaire (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

2. Feeling down, depressed, or hopeless?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

3. Trouble falling or staying asleep, or sleeping too much?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

4. Feeling tired or having little energy?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

5. Poor appetite or overeating?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

7. Trouble concentrating on things, such as reading the newspaper or watching television?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

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) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

9. Thoughts that you would be better off dead, or of hurting yourself in some way?

(0) Not at all. (1) Several days. (2) More than half the days. (3) Nearly everyday

Total = /27

Depression Severity: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.