

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
 (Use "✓" to indicate your answer)

	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 0 + _____ + _____ + _____
 =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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GAD-7

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. 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

(For office coding: Total Score T_____ = _____ + _____ + _____)

AUDIT- C

	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have more than five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Total Score _____

PCL

INSTRUCTIONS TO PATIENT: Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, circle the number that indicates how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts</i> or <i>images</i> of a stressful experience?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful experience?	1	2	3	4	5
3. Suddenly <i>acting</i> or <i>feeling</i> as if a stressful experience were <i>happening again</i> (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when something reminded <i>you</i>	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g. heart pounding, trouble breathing, sweating) when <i>something</i> reminded you of a stressful experience?	1	2	3	4	5
6. Avoiding <i>thinking</i> about or <i>talking about</i> a stressful experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities</i> or <i>situations</i> because <i>they</i> reminded you of a stressful experience?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful experience?	1	2	3	4	5
9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be cut short?	1	2	3	4	5
13. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

Total Score _____