PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:		DATE:			
Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems? (use "\scriv" to indicate your answer)	Hol a gil	Seed al tars	Mole the days	Heally every they	
1. Little interest or pleasure in doing things			2.	- 0	
2. Feeling down, depressed, or hopeless			12	25	
3. Trouble falling or staying asleep, or sleeping too much			2	2	
4. Feeling tired or having little energy			-2		
5. Poor appetite or overeating		,	2.	7	
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down			3	8	
7. Trouble concentrating on things, such as reading the newspaper or watching television	FI		×		
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				- 4	
Thoughts that you would be better off dead, or of hurting yourself in some way			5.	34	
	add columns:		÷	+	
(Healthcare professional: For interpretation please refer to accompanying scoring card.					
10. 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 a Somewhat diffic Pery difficult	ult	

Lisa E. Medwedeff, M.D. John Wills, M.D.

Name:_

Howard McKay, NP

Date:

Generalized Anxiety Disor	der 7-iter	n (GAD-7	') scale	
Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over 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's 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
Add the score for each column	+	+	+	
Total Score (add your column scores) =			==========	
If you checked off any problems, how difficult has care of things at home, or get along with other peo	ve these mapple?	ade it for yo	ou to do your	work, take
Not difficult at all Somewhat difficult Very difficult Extremely difficult			j. A	

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med.* 2006;166:1092-1097.

Patient Adherence Questionnaire

1. How often have you taken your medication(s) during the last week? Please check the description that best describes your

I have taken my medications every day without missing a day.

I have missed taking my medications only one day.

medication use.

□ a.

□ b.

you have to last week. No side effects O Choose the	e response that best of taken within the last within the last within the last with the last with the time. 1 e response that best of the taken with yield and the time. Present 10% of the time.	Present 25% of the time 2	Present 50% of the time 3 to which antidepres	Present 75% of the time	Present 90% of the time	Present all of the time
Choose the you have to last week. No side effects O Choose the last week.	Present 10% of the time 1 e response that best of the time 1 e response that best of the time with y	Present 25% of the time 2 describes the degree your day-to-day func	rty (how severe) of the sion. Rate the intense of the time 3 to which antideprestions. Present 50% of	Present 75% of the time 4 sant medication side	Present 90% of the time 5 e effects that you ha	Present all of the time 6 ve had over the
Choose the you have to last week. No side effects O Choose the	e response that best of taken within the last within the time 1 e response that best of	Present 25% of the time 2	Present 50% of the time 3 to which antidepres	Present 75% of the time	Present 90% of the time	Present all of the time
Choose the you have to last week. No side effects	e response that best of taken within the last we have a second or the time	describes the intensiveek for your depres Present 25% of the time	ty (how severe) of the sion. Rate the intense of the time	Present 75% of the time	ou believe are due to (s), when they occur Present 90% of the time	Present all of the time
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Choose th	e response that best o	describes the intensi	ty (how severe) of th	ne side effects that ye	ou believe are due to	o the medicat
0	1	2	3	4	5	6
No side effects	the time	Present 25% of the time	Present 50% of the time	Present 75% of the time	Present 90% of the time	Present all of the time
the past v	veek for your depressi onditions other than d	on. Do not rate side lepression. Rate the	effects if you believe frequency of these s	e they are due to trea	atments that you are	e not taking fo
			FIBSER			
D е.	I have always taken m	y medication as pres	scribed.			
□ d	I have not taken my m	edication as directe	d because I cannot a	fford it.		
□ C.	I have increased my d	ose at times because	e I am feeling worse.			
□ b.	I have reduced my dos	se at times because	of the medication(s)	side-effects.		
□ a.	I have reduced my do	se at times because	I am feeling better.			
Have you	made any changes in	how you take your r	medication(s)? Please	check any that appl	y for the past week.	
□ f.	I have stopped taking	my medications.				
□ e.	I have missed taking n	ny medications five o	or more days.		*	
□ d.	I have missed taking n	ny medications three	e or four days.		*	
	e. f. Have you a. b. c. d e. Choose the past we medical composide effects	□ e. I have missed taking m □ f. I have stopped taking Have you made any changes in □ a. I have reduced my dos □ b. I have reduced my dos □ c. I have increased my dos □ d I have not taken my m □ e. I have always taken m Choose the response that best of the past week for your depression medical conditions other than doside effects Present 10% of the time	□ e. I have missed taking my medications five of f. I have stopped taking my medications. Have you made any changes in how you take your rown a. I have reduced my dose at times because town b. I have reduced my dose at times because town c. I have increased my dose at times because town dose at times because to have increased my dose at times	e. I have missed taking my medications five or more days. f. I have stopped taking my medications. Have you made any changes in how you take your medication(s)? Please a. I have reduced my dose at times because I am feeling better. b. I have reduced my dose at times because of the medication(s) c. I have increased my dose at times because I am feeling worse. d I have not taken my medication as directed because I cannot a e. I have always taken my medication as prescribed. FIBSER Choose the response that best describes the frequency (how often) of the past week for your depression. Do not rate side effects if you believe medical conditions other than depression. Rate the frequency of these series. Present 10% of the time Present 50% of the time	 e. I have missed taking my medications five or more days. f. I have stopped taking my medications. Have you made any changes in how you take your medication(s)? Please check any that appl a. I have reduced my dose at times because I am feeling better. b. I have reduced my dose at times because of the medication(s) side-effects. c. I have increased my dose at times because I am feeling worse. d I have not taken my medication as directed because I cannot afford it. e. I have always taken my medication as prescribed. FIBSER Choose the response that best describes the frequency (how often) of the side effects of the the past week for your depression. Do not rate side effects if you believe they are due to treamedical conditions other than depression. Rate the frequency of these side effects for the past work of the time Present 10% of the time Present 50% of the time Present 75% of the time	 e. I have missed taking my medications five or more days. f. I have stopped taking my medications. Have you made any changes in how you take your medication(s)? Please check any that apply for the past week. a. I have reduced my dose at times because I am feeling better. b. I have reduced my dose at times because of the medication(s) side-effects. c. I have increased my dose at times because I am feeling worse. d I have not taken my medication as directed because I cannot afford it. e. I have always taken my medication as prescribed. FIBSER Choose the response that best describes the frequency (how often) of the side effects of the medication you have the past week for your depression. Do not rate side effects if you believe they are due to treatments that you are medical conditions other than depression. Rate the frequency of these side effects for the past week. No side Present 10% of the time the time the time