

GAD7 & PHQ9

Description

GAD7 and PHQ9 Depression

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GAD7

Name(Required)

Over the last 2 weeks, how often have you been bothered by the following problems?

<input type="checkbox"/> Feeling nervous, anxious or on edge(Required)	<div><input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day</div>
<input type="checkbox"/> Not being able to stop or control worrying(Required)	<div><input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day</div>
<input type="checkbox"/> Worrying too much about different things(Required)	<div><input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day</div>
<input type="checkbox"/> Trouble relaxing(Required)	<div></div>

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Being so restless that it is hard to sit still(Required)

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Becoming easily annoyed or irritable(Required)

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Feeling afraid as if something awful might happen(Required)

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Your score:

Scores of 5, 10, 15 represent cut points for mild, moderate, and severe anxiety, respectively.

PHQ9 Depression

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things.(Required)

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

2. Feeling down, depressed, or hopeless.(Required)

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days

☐ Nearly every day

3. Trouble falling or staying asleep, or sleeping too much.(Required)

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

4. Feeling tired or having little energy.(Required)

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

5. Poor appetite or overeating.(Required)

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.(Required)

- ☐ Several days
☐ More than half the days
☐ Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television.(Required)

- ☐ Several days
☐ More than half the days
☐ Nearly every day

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.(Required)

- ☐ Several days
☐ More than half the days
☐ Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way.(Required)

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Your score:

Scores of 5, 10, 15, and 20 represent cut off points for mild, moderate, moderately severe and severe depression, respectively

AUK Feedback

Service/course attended (please select one):(Required)

- ☐ Therapy
- ☐ Six week AfAR course
- ☐ Six week Therapist led Anxiety Management course

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