

PHQ-9

Student Number: _____ **Date:** _____ **Age:** _____

Gender Identity: (Circle One) Male Female Other

(Circle one)

Black (but not Latino)

White and Latino

Multi-racial

White (but not Latino)

American Indian

Write in: _____

Black and Latino

Asian

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				

7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. In the past two weeks, have you had thoughts that you would be better off dead, or of hurting yourself in some way?				

Total:



GAD-7

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

(Please circle your answer.)

	<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>
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

TOTAL: _____