Patient Name: _____ Date: _____

Generalized Anxiety Disorder 7-item (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 have these 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 ☐

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 Name: _____ Date: _____

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**
☐	☐	☐	☐

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screener/Recent – Self-Report

Client Name:_____ Date:_____

	In The Past Month	
Answer Questions 1 and 2	**YES**	**NO**
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*	○	○
2) *Have you actually had any thoughts about killing yourself?*	○	○
If **YES** to 2, answer questions 3, 4, 5, and 6. If **NO** to 2, go directly to question 6		
3) *Have you thought about how you might do this?*	○	○
4) *Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?*	○	○
5) *Have you started to work out or worked out the details of how to kill yourself?* *Do you intend to carry out this plan?*	○	○
	In the Past 3 Months	
6) *Have you done any of the following?* *Attempted to kill yourself even if ending your life was only part of your motivation* *Started to do something to end your life but someone or something stopped you before you actually did anything* *Started to do something to end your life but you stopped yourself before you actually did anything* *Taken any steps towards making a suicide attempt or preparing to kill yourself* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. *In your entire lifetime, how many times have you done any of these things?*	○	○

National Suicide Prevention Lifeline: 1-800-273-8255 or suicidepreventionlifeline.org

This instrument was taken from http://cssrs.columbia.edu