

Anxiety and Depression Screening

Instructions

Please answer the questions below about how you have been feeling during the past 2 weeks. Use the following scale to choose the number that best describes your experience:

0 = Not at all

2 = More than half the days

1 = Several days

3 = Nearly every day

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

[GAD-1] FEELING NERVOUS, ANXIOUS, OR ON EDGE

0 1 2 3

[GAD-2] NOT BEING ABLE TO STOP OR CONTROL WORRYING

0 1 2 3

[PHQ-1] LITTLE INTEREST OR PLEASURE IN DOING THINGS

0 1 2 3

[PHQ-2] FEELING DOWN, DEPRESSED OR HOPELESS

0 1 2 3