Patient Health Questionnaire -9 (PHQ -9)

Name :	Date of Birth						
	ver the last 2 weeks, how often have you been bothered by any of the following problems?] ease CIRCLE your answers.						
1	Little interest or pleasure in doing things	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3		
2	Feeling down, depressed or hopeless	0	1	2	3		
3	Trouble falling or staying alseep, 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 + + +		+				

GAD - 7

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?] Please CIRCLE your answers.

ricuse en	tell your answers.		Several	More than	Nearly
1	Feeling nervous, anxious or on edge.	Not at all 0	days 1	days 2	every day 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 sommething awful might happen	0	1	2	3
	For Office Coding: Total Score: T +		+		- +
	Does anxiety or low mood or distress about your diabet for you to manage yo		ficult	Yes o	r No?