PATIENT HEALTH QUESTIONNAIRE (PHQ-SADS)

This questionnaire is an important part of providing you with the best health care possible. Your answers help us understand problems that you may have. Please answer every question to the best of your ability.

Client			Session	Process			Date
Scores	PHQ-15	GAD-7	PHQ-9	Diag	Som.	GenAnx.	Depr.

A **During the last 4 weeks, how much have you been bothered by any of the following problems?**	**(0) Not Bothered**	**(1) Bothered a little**	**(2) Bothered a lot**
1.Stomach pain	☐	☐	☐
2.Back pain	☐	☐	☐
3.Pain in your arms, legs, or joints (knees, hips, etc.)	☐	☐	☐
4.Feeling tired or having little energy	☐	☐	☐
5.Trouble falling or staying asleep, or sleeping too much	☐	☐	☐
6.Menstrual cramps or other problems with your periods	☐	☐	☐
7.Pain or problems during sexual intercourse	☐	☐	☐
8.Headaches	☐	☐	☐
9.Chest pain	☐	☐	☐
10.Dizziness	☐	☐	☐
11.Fainting spells	☐	☐	☐
12.Feeling your heart pound or race	☐	☐	☐
13.Shortness of breath	☐	☐	☐
14.Constipation, loose bowels, or diarrhea	☐	☐	☐
15.Nausea, gas, or indigestion	☐	☐	☐
PHQ-15 Score:			

B **During the last 2 weeks, how much have you been bothered by any of the following problems?**	**(0) Not at all**	**(1) Several Days**	**(2) More than half the days**	**(2) Nearly every day**
1.Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2.Not being able to stop or control worrying	☐	☐	☐	☐
3.Worrying too much about different things	☐	☐	☐	☐
4.Trouble relaxing	☐	☐	☐	☐
5.Being so restless that it is hard to sit still	☐	☐	☐	☐
6.Becoming easily annoyed or irritable	☐	☐	☐	☐
7.Feeling afraid as if something awful might happen	☐	☐	☐	☐
GAD-7 Score				

C Questions about anxiety attacks	NO	YES
a. In the last 4 weeks, have you had an attack – suddenly feeling fear or panic?	☐	☐
If you have checked 'NO, go to section D		
b. Has this ever happened before?	☐	☐
c. Do some of these attacks come suddenly out of the blue – that is, in situations where you don't expect to be nervous or uncomfortable?	☐	☐
d. Do these attacks bother you a lot or are you worried about having another attack?	☐	☐
e. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, or your heart racing, pounding or skipping?	☐	☐

D During the last 2 weeks, how often have you been bothered by the following problems?	(0) Not at all	(1) Several Days	(2) More than half the days	(2) Nearly every day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐
PHQ-9 Score				

E If you checked off any problems on this questionnaire, 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

SCORING: Scores of 5, 10, and 15 represent cut-off points for mild, moderate, severe respectively on all three scales (somatic symptoms, generalized anxiety, depression). A recommended cut-off point for further evaluation is a score of 10 or greater. Elevated scores on two or more scales suggest comorbidity. Responses to the single-item difficulty question can further guide treatment decisions.