

Patient Name:

Date:

PHQ-9 Tool

**Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "X" 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	0	1	2	3

Add Columns

--	--	--	--

Total

--

Patient Name:

Date:

GAD - 7 Tool

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than 1/2 the days	Nearly everyday
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. Become easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Add Columns

--	--	--	--

Total

--

Patient Name:

Date:

ORT Survey

Mark Each box that applies	Female	Male
Family History of Substance Abuse		
Alcohol	1	3
Illegal Drugs	2	3
RX Drugs	4	4
Personal History of Substance Abuse		
Alcohol	3	3
Illegal Drugs	4	4
RX Drugs	5	5
Age between 16-45 years		
	1	1
History of preadolescent sexual abuse		
	3	0
Psychological Disease		
ADD, OCD, Bipolar, Schizophrenia	2	2
Depression	1	1
Scoring Totals		