



# PHQ-9 — Depression

Self-rating for the past 2 weeks — fill in at home and bring back

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## How to fill this in

Over the past 2 weeks, how often have you been bothered by any of the following problems? Circle the number that fits best (0 = not at all, 3 = nearly every day). Don't think too long — your first answer is usually the right one. Bring this sheet back to your appointment so we can work through it together.

Over the past 2 weeks...	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

If you checked any problems, how difficult have they made it for you?

Not difficult at all     Somewhat difficult     Very difficult     Extremely difficult

PHQ-9 total (0 – 27):

Please continue on the back — there's a short anxiety section too.



# GAD-7 + Your Scores

Anxiety self-rating, scoring, and what to do next

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## GAD-7 — anxiety

Now a short anxiety section. Same idea — over the past 2 weeks, how often have you been bothered by these problems?

Over the past 2 weeks...	Not at all	Several days	More than 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

If you checked any problems, how difficult have they made it for you?

Not difficult at all     Somewhat difficult     Very difficult     Extremely difficult

GAD-7 total (0 – 21):

### What your scores mean

#### PHQ-9 (depression)

0 – 4	Minimal
5 – 9	Mild
10 – 14	Moderate
15 – 19	Moderately severe
20 – 27	Severe

#### GAD-7 (anxiety)

0 – 4	Minimal
5 – 9	Mild
10 – 14	Moderate
15 – 21	Severe

**Important — please read if you answered Q9 with anything other than 'Not at all'**  
If you answered anything other than 'Not at all' to PHQ-9 question 9 (thoughts of being better off dead or hurting yourself), please contact us today — or call **Lifeline 13 11 14** (free, 24/7) or **Beyond Blue 1300 22 4636**. In an emergency, call **000** or go to your nearest emergency department. You are not alone, and help is available.

Sources: PHQ-9 — Spitzer, Kroenke, Williams 1999 (Pfizer). GAD-7 — Spitzer, Kroenke, Williams, Löwe 2006.