MODIFIED PATIENT HEALTH QUESTIONNAIRE-9

Name: Leila Flanagan Clinician: Paul Parker Date: 2/17/22

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	Not At All (0)	Several Days (1)	More Than Half The Days (2)	Nearly Every Day (3)
1. I only feel that way when at my dads usually. (nearly every day) Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?			X	
3. Trouble falling asleep, staying asleep, or sleeping too much?				X
4. Poor appetite, weight loss, or overeating? only near transitions to go to dads				
5. Feeling tired, or having little energy?			X	
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?		X		
7. Trouble concentrating on things like school work, reading, or watching TV?		X		
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?			X	
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	X			

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
[ ] Yes [X] No NO

If you are experiencing any of the problems on this form, 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 [X] Very difficult [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
[ ] Yes [X] No NO

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes [X] No NO

*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

Office use only: Severity score:

Generalized Anxiety Disorder 7-Item (GAD-7) Scale

Name: Leila Flanagan Date: 3/21/22

Over the last 2 weeks, how often have you been bothered by the following problems?	Not At All	Several Days	Over 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
Add Scores for Each Column	☐ +	☐ +	☐ +	☐
Total Score (Sum of Column Scores)			1	6

If any of the above problems were identified, how difficult have these 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

Generalized Anxiety Disorder 7-Item (GAD-7) Scale

Name: Laurice Flanagan **Date:** 2/3/2022 ~~Click here to enter text.~~

Over the last 2 weeks, how often have you been bothered by the following problems?	Not At All	Several Days	Over 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
Add Scores for Each Column	☐ +	☐ +	☐ +	☐
Total Score (Sum of Column Scores)			2	5

If any of the above problems were identified, how difficult have these 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

Hi!!!!!
Thanks U