

# WESTWAY MEDICAL CENTRE

**PATIENT NAME :**  
**PATIENT DOB :**

**Date :**

**Patient Health Questionnaire 9 (PHQ9)**

<b>Over the last 2 weeks, how often have you been bothered by any of the following problems ?</b>	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
7. 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
<b>PHQ TOTAL SCORE :</b>				

**Generalised Anxiety Disorder 7 (GAD7)**

<b>Over the last 2 weeks how often have you been bothered by any of the following problems ?</b>	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
7. 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. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<b>TOTAL SCORE :</b>				

**Psychotropic Medication**

**Are you taking psychotropic medication ? (e.g. anti-depressants, anti-anxiety, mood stabilisers)**

- |   |   |
|---|---|
| 1. Prescribed but not taking <input type="checkbox"/> | 4. Unknown (do not know for sure) <input type="checkbox"/>              |
| 2. Prescribed and taking <input type="checkbox"/>     | 5. Not stated (declined to provide a response) <input type="checkbox"/> |
| 3. Not prescribed <input type="checkbox"/>            |   |

## Phobia Scales

Choose a number from the scale below to show how much you would avoid each of the following situations or objects listed below.

0	1	2	3	4	5	6	7	8
Never avoid it		Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it

Social situations due to a fear of being embarrassed or making a fool of myself

Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)

Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, Being in confined spaces, driving or flying)

## Work and Social Adjustment

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

0	1	2	3	4	5	6	7	8
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Not at all	Slightly		Definitely		Markedly		Very severely; I cannot work	

### 1. WORK

If you are retired or choose not to have a job for reasons unrelated to your problem, please tick this box

### 2. HOME MANAGEMENT

(Cleaning, tidying, shopping, cooking, looking after home/children, bills etc)

### 3. SOCIAL LEISURE ACTIVITIES

(With other people, e.g. parties, pubs, outings, entertaining etc.)

### 4. PRIVATE LEISURE ACTIVITIES

(Done alone e.g. reading, gardening, sewing, hobbies, walking etc)

### 5. FAMILY AND RELATIONSHIPS

Form and maintain close relationships with others including the people that I live with

## Employment Status Questions

Are you current receiving Statutory Sick Pay?  
Yes  No  Not sure

Which of the following options best describes cur current employment status?

1. Employed	<input type="checkbox"/>
2. Unemployed and seeking work	<input type="checkbox"/>
3. Student who is undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) Education or training and who are not actively seeking work	<input type="checkbox"/>
4. Long-term sick or disabled, receiving incapacity benefit, Income Support or both; or Employment and Support Allowance	<input type="checkbox"/>
5. Homemaker or looking after the family or home and are not actively seeking work	<input type="checkbox"/>
6. Not receiving benefits and not working or actively seeking work	<input type="checkbox"/>
7. Unpaid voluntary work and not working or actively seeking work	<input type="checkbox"/>
8. Retired	<input type="checkbox"/>
9. Not stated	<input type="checkbox"/>

Do you feel you would benefit from employment support Yes  No