

GAD-7 Anxiety Questionnaire

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	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 sleep 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

Column Totals: _____ _____ _____ _____
= Total Score: _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult



Somewhat difficult



Very difficult



Extremely difficult



Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2 and 3 to the response categories, respectively, of “not all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

0-4: Minimal anxiety

5-9: Mild anxiety

10-14- Moderate anxiety

15-21- severe anxiety

PHQ-9 Patient Health Questionnaire

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? <small>(Use a check mark to indicate your answer)</small>	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 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

For office coding 0 + + +

= Total Score:

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not Difficult	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Healthcare professionals: Because this questionnaire relies on patient self-report, all responses should be verified by the clinician. A definition diagnosis should be made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Be sure to exclude the effects of substance or medical condition that may better account for the symptoms.

MDQ Mood Questionnaire

Instructions: Please answer each question to the best of your ability

	YES	NO
1. Has there ever been a period of time when you were not your usual self and... You felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got in trouble?		
You were so irritable that you shouted at people or started fights or arguments?		
You felt much more self-confident than usual?		
You got much less sleep than usual and found you didn't really miss it?		
You were much more talkative or spoke much faster than usual?		
Thoughts raced through your head or you couldn't slow your mind down?		
You were so easily distracted by things around you that you had trouble concentrating or staying on track?		
You had much more energy than usual?		
You were much more active or did many more things than usual?		
You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
You were much more interested in sex than usual?		
You did things that were unusual for you or that other people may have thought were excessive, foolish, or risky?		
Spending money got you or your family in trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?		
3. How much of a problem did any of these cause you- like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>(Please circle one response only)</i> <div style="text-align: center;"> No Problem Minor Problem Moderate Problem Serious Problem </div>		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, and uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic- depressive illness or bipolar disorder?		

If the patient answers:

“Yes” to seven or more of the 13 items in question number 1, AND “Yes” to question number 2, AND “Moderate” or “Serious” to question number 3;_ You have a **positive** screen. All three of the criteria above should be met. A positive screen should be followed by a comprehensive medical evaluation for Bipolar Spectrum Disorder.

The MDQ was developed by a team of psychiatrists, researchers and consumer advocates to address a critical need for timely and accurate diagnosis of bipolar disorder, which can be fatal if left untreated. The questionnaire takes about five minutes to complete, and can provide important insights into diagnosis and treatment. A recent National DMDA survey revealed that nearly 70 % of people with bipolar disorder had received at least one misdiagnosis and many had waited more than 10 years from the onset of their symptoms before receiving a correct diagnosis. National DMDA hopes that the MDQ will shorten this delay and help more people to get the treatment they need, when they need it.