

Patient Name: _____ MRN: _____ Date: _____

Over the past 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several Days	More than Half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or feeling that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
Row Totals				
PHQ-9			Score	

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If checked off any problems, 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?	0	1	2	3

	Not at all	Several Days	More than Half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
Row Totals				
GAD-7			Score	

Patient Name: _____ MRN: _____ Date: _____

	Not at all	Mild	Moderate	Severe	Very Severe
Have you had difficulty falling asleep?	0	1	2	3	4
Have you had difficulty staying asleep?	0	1	2	3	4
Have you had problems waking up too early?	0	1	2	3	4
To what extent do you consider your sleep problems to interfere with your daily functioning? (for example, daytime fatigue, mood, memory, etc.?)	0	1	2	3	4
How dissatisfied are you with your current sleep patterns?	0	1	2	3	4
How noticeable to others do you think your sleeping problem is in terms of impairing the quality of life?	0	1	2	3	4
How worried / distressed are you about your current sleep problems?	0	1	2	3	4
Row Totals					
Insomnia Severity Index				Score	

Depression Severity:

0-4; None, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe

PHQ-9

Anxiety Severity:

0-4 none, 5-9 mild, 10-14 moderate, 15-21 severe

GAD-7 Score

Insomnia Severity:

0-7 none, 8-14 subthreshold, 15-21 moderate, 22-28 severe

Insom Score
