

# PRIMARY CARE MENTAL HEALTH SERVICE

## Access Questionnaire

**Name:**

**Date of Birth:**

**Today's Date:**

Over the last two weeks have you been bothered by the following problems? (Tick a box to the right to indicate your answer)	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>	Score: 0, 1, 2, 3	Score: 0, 1, 2, 3
1. Little interest or pleasure in doing things						
2. Feeling nervous, anxious or on edge						
3. Feeling down, depressed, or hopeless						
4. Not being able to stop or control worrying						
5. Trouble falling or staying asleep, or sleeping too much						
6. Worrying too much about different things						
7. Feeling tired or having little energy						
8. Trouble relaxing						
9. Poor appetite or overeating						
10. Being so restless that it is hard to sit still						
11. Feeling bad about yourself - or that you are a failure or have let yourself or your family down						
12. Becoming easily annoyed or irritable						
13. Trouble concentrating on things, such as reading the newspaper or watching television.						
14. Feeling afraid as if something awful might happen						
15. 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						
16. Thoughts that you would be better off dead, or of hurting yourself in some way						
	<b>Total PHQ-9</b>					
	<b>Total GAD-7</b>					

If you ticked 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?

Not at all	
Somewhat difficult	
Very difficult	
Extremely difficult	