





































# ALL THINGS POSSIBLE WELLNESS CENTER, PLLC

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Phone: 586.213.5505

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO
1. In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?		
<b>If you checked "NO", go to next section</b>		
2. Has this ever happened before?		
3. Do some of these attacks come suddenly out of the blue – that is, in situations where <b>you don't expect to be nervous or uncomfortable</b> ?		
4. Do these attacks bother you a lot or are you worried about having another attack?		
5. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, or your heart racing, pounding or skipping?		

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9. Thoughts that you would be better off dead or hurting yourself in some way				
PHQ-9 Score: _____	=	+	+	+

	YES	NO
1. Has there ever been a period of time when you were not your usual self <b>and...</b>		
...you felt so good or so hyper that other people thought you were not your normal self or were so hyper that you got into 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 that you didn't really miss it?		
...you were much more talkative or spoke much faster than usual?		

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO
...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 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 might have thought were excessive, foolish or risky?		
...spending money got you or your family into trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period?		
3. How much of a problem did any of these causes you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please circle one response only:    No Problem    Minor Problem    Moderate Problem    Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic-depressive or bipolar disorder?		

If you checked off any problems on this questionnaire, 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 difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

\_\_\_\_\_  
 Clinician Signature & Credentials

\_\_\_\_\_  
 Date

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