

## Understanding Your PHQ-9 and GAD-7 Screening Results

At this health screening event, we are utilizing the PHQ-9 (Patient Health Questionnaire-9) and GAD-7 (Generalized Anxiety Disorder-7) to assess your mental health. These tools help identify symptoms of depression and anxiety, providing valuable insights into your emotional well-being.

### **What is the PHQ-9?**

The PHQ-9 is a self-administered questionnaire that helps assess the severity of depression. It consists of 9 questions that explore your mood, energy levels, sleep patterns, and interest in daily activities over the past two weeks.

### **Interpreting Your PHQ-9 Score:**

**1-4: Minimal depression**

**5-9: Mild depression**

**10-14: Moderate depression**

**15-19: Moderately severe depression**

**20-27: Severe depression**

### **What is the GAD-7?**

The GAD-7 is a self-administered questionnaire used to identify symptoms of anxiety. It consists of 7 questions that explore how often you've been bothered by certain problems, such as feeling nervous, anxious, or on edge over the past two weeks.

### **Interpreting Your GAD-7 Score:**

The GAD-7 is a self-administered questionnaire used to identify symptoms of anxiety. It consists of 7 questions that explore how often you've been bothered by certain problems, such as feeling nervous, anxious, or on edge over the past two weeks.

**0-4: Minimal anxiety**

**5-9: Mild anxiety**

**10-14: Moderate anxiety**

**15-21: Severe anxiety**

### **Benefits of Knowing Your PHQ-9 and GAD-7 Scores**

Understanding your PHQ-9 and GAD-7 scores is an important step toward recognizing and addressing mental health concerns. These scores provide a snapshot of your current emotional state, helping you decide whether to seek further evaluation or support.

## What to Do with This Information

If your scores indicate moderate to severe levels of depression or anxiety, it's important to consult with a healthcare provider. Early intervention can lead to better outcomes. Even if your scores are low, consider lifestyle adjustments or speaking to a professional if you continue to experience symptoms.

## 10 Tips to Manage Depression and Anxiety for Entrepreneurs

1. **Prioritize self-care:** Regular exercise, balanced nutrition, and sufficient sleep are vital.
2. **Set realistic goals:** Break tasks into manageable steps to avoid overwhelm.
3. **Stay connected:** Build a support network of friends, family, and fellow entrepreneurs.
4. **Practice mindfulness:** Incorporate meditation or deep-breathing exercises into your routine.
5. **Limit screen time:** Take regular breaks from screens to reduce stress and eye strain.
6. **Delegate tasks:** Don't be afraid to ask for help or outsource tasks.
7. **Set boundaries:** Establish clear work-life boundaries to prevent burnout.
8. **Focus on progress, not perfection:** Celebrate small wins to maintain motivation.
9. **Seek professional help:** Don't hesitate to consult a mental health professional if needed.
10. **Take breaks:** Regularly step away from work to recharge and refocus.

## Remember

Mental health is as important as physical health. By staying informed and taking proactive steps, you can maintain a healthy mind and thrive both personally and professionally.

## Patient Health Questionnaire

### Depression and General Anxiety Disorder Screening

|      |  |      |  |               |  |
|------|--|------|--|---------------|--|
| Date |  | Name |  | Date of birth |  |
|------|--|------|--|---------------|--|

**Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.**

| PHQ-9                                                                                                                                                                     | Not At All | Several Days | More than half the days | Nearly Everyday |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------------------------|-----------------|
| 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 that you are a failure or have let yourself or your family down.                                                                          | 0          | 1            | 2                       | 3               |
| Trouble concentrating on things, such as reading the newspaper or watching television.                                                                                    | 0          | 1            | 2                       | 3               |
| 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               |
| Thoughts that you would be better off dead, or of hurting yourself in some way.                                                                                           | 0          | 1            | 2                       | 3               |

**Add the score for each column**

**Total Score (add your column scores):**

**If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)**

|                      |                    |                |                     |
|----------------------|--------------------|----------------|---------------------|
| Not Difficult At All | Somewhat Difficult | Very Difficult | Extremely Difficult |
|----------------------|--------------------|----------------|---------------------|

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

| GAD-7                                              | Not At All | Several Days | More than half the days | Nearly Everyday |
|----------------------------------------------------|------------|--------------|-------------------------|-----------------|
| 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 that it's 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               |
| <b>Add the score for each column</b>               |            |              |                         |                 |
| <b>Total Score (add your column scores):</b>       |            |              |                         |                 |

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

|                      |                    |                |                     |
|----------------------|--------------------|----------------|---------------------|
| Not Difficult At All | Somewhat Difficult | Very Difficult | Extremely Difficult |
|----------------------|--------------------|----------------|---------------------|