

Self-Check Workbook

Know where you are today.

A simple screening workbook you can complete in about 5 minutes.

- PHQ-9 Depression Screening
- GAD-7 Anxiety Screening
- Learn how to calculate your score
- Bring your completed self-check to your appointment

Telehealth appointments available anywhere in California.

www.optimummindwellness.com • (855) 378-8179 • info@optimumpbhs.com

BEFORE YOU BEGIN

Getting Started

These questionnaires are internationally recognized mental health screening tools used by healthcare professionals. They are designed to help identify symptoms that may deserve further evaluation.

Please answer honestly based on the last two weeks. There are no right or wrong answers.

Important

This workbook is not a diagnosis and should not replace an evaluation by a licensed mental health clinician. If you're experiencing thoughts of harming yourself or are in immediate danger, call 911 or go to your nearest emergency department immediately.

Need Support Right Now?

- Call 911 if you're having a mental health emergency.
- Text HOME to 741-741 if you're in emotional distress and need immediate support.
- Call or text 988 for the Suicide & Crisis Lifeline. Chat is available at 988lifeline.org.

Optimum Mind & Wellness does not provide emergency services.

SCREENING TOOL 1 OF 2

PHQ-9 Depression Screening

Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle or mark your answer for each item.

Name: _____ **Date:** _____

	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 around 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
Add the score for each column				

PHQ-9 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?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

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SCREENING TOOL 2 OF 2

GAD-7 Anxiety Screening

Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle or mark your answer for each item.

Name: _____ Date: _____

	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 stop 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's 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
Add the score for each column				

GAD-7 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?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

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SCORING GUIDE

How to Calculate Your Score

Each answer corresponds to a point value:

Not at all = 0 points
Several days = 1 point
More than half the days = 2 points
Nearly every day = 3 points

Add the point value for each answer and write your total score in the Total Score box for each questionnaire.

What Your Score Range Means

These general ranges, published alongside the PHQ-9 and GAD-7, can give you a sense of where your score falls. They're a reference point, not a result.

PHQ-9 Score	General Range
0 – 4	Minimal
5 – 9	Mild
10 – 14	Moderate
15 – 19	Moderately Severe
20 – 27	Severe

GAD-7 Score	General Range
0 – 4	Minimal
5 – 9	Mild
10 – 14	Moderate
15 – 21	Severe

A range is not a diagnosis. It doesn't account for what's driving your symptoms, how long they've lasted, or what else is going on in your life — the things a licensed provider looks at during a full evaluation. Use your range as a starting point for that conversation, not a conclusion on your own.

WHAT HAPPENS NEXT?

Your Next Step

You now have a baseline — a real starting point. Your score, and where it falls, is only one piece of the picture. A licensed psychiatric provider builds on that starting point with your medical history, symptoms, life circumstances, previous treatments, and overall functioning before making recommendations.

Book a comprehensive psychiatric evaluation with Optimum Mind & Wellness.



Schedule online: therapyportal.com/p/opbhs22151

Contact Us

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In-network with most major insurance. Secure, HIPAA-compliant telehealth appointments available across California.