

### Patient Well Being Form

Please fill in this form and hand it to the clinic staff member who does your first eye test (vision)

#### PHQ-2

Over the last 2 weeks how often have you been bothered by the following?

*Please circle your answer*

	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

**Total score:**

*For clinic staff: If score >3 please give PHQ-9 questionnaire*

#### GAD-2

Over the last 2 weeks how often have you been bothered by the following?

*Please circle your answer*

	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

**Total score:**

*For clinic staff: If score >3 please give GAD-7 questionnaire*