

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over 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
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

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 _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	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	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Ht:

Date:

Wt:

BMI:

10-12 YEAR VISIT

Development

1. Sex Education
 - It's time to talk birds and bees, but answer questions about sex factually, using actual language and terms.
 - Talk with your children about the changes his/her body will undergo during puberty. Prepare your daughter for the onset of menarche and her periods.
2. Actively discourage harmful habits like smoking, alcohol, and drugs. Talk with your child about peer pressure and how to say no.
3. Talk to your children about bullying. Be involved at their school and keep open communication with teachers to ensure your child is safe at school.
4. Organized sports are a great way to boost confidence and establish healthy habits. Be careful of year round sports, which increases injury risk. It's best to move from one sport to another rather than simply concentrating on one sport year round.

Injury Prevention

1. Teach your child to **ALWAYS** wear seat belts even if others in the car do not. By this age, buckling up should be an almost automatic reflex. No riding in the front seat until age 13! CDC rules, so blame them!
2. Teach your child about firearm safety. Your child should **NEVER** handle firearms, even pellet and BB guns, unless you are present. Teach your child that if another child asks him to "look at" or "play with" guns, he is to come home at once.
3. Continued used of protective equipment for high risk activities (HELMETS are cool!)

Good Health Habits and Self Care

1. Continue to maintain a regular bedtime routine. Children these ages need 10-12 hours a night.
2. Set limits on TV viewing/video games/social media. Establish these expectations now! Out children have access to limitless amounts of electronic information, and much of it is terrifying.
3. Your child should practice good dental care and self-hygiene.
4. Obesity is a significant health threat. If you are worried, PLEASE bring it up at your visit.
5. To stay healthy, here are some easy rules to remember: 5-2-1-0
 - FIVE servings of fruits/veggies a day
 - Less than TWO hours of total screen time a day
 - ONE hour of outdoor activity a day
 - ZERO calories from sugary drinks

Next Visit

Continue yearly visits, which also serve as sports and camp physicals. Some parents come around the birthday. Some come every fall break or other convenient time. It is a good idea to avoid late June until early August for your yearly check. These are especially busy times here at the office.

Your 11 year old will receive at least 2 vaccines as well as a finger poke and urine check. Let them know that all 11 year olds come in very nervous about this visit, but almost all of them leave realizing that they worried for no good reason.

All rising Teens need to get the HPV (Gardasil) vaccine. More people will die this year from HPV disease than died yearly from measles before that vaccine came out. It is a "no-brainer" vaccine. If started before age 15, your child will only need two shots to complete the series. After age 15, it is a three shot series.

Don't forget to get a flu vaccine.

Talking to Kids and Teens About Social Media and Sexting

Social Media

Today's teens and tweens are connected to one another, and to the world, via digital technology more than any previous generation. Recent data suggests that social media venues like Facebook and Twitter have surpassed e-mail as the preferred method of communication in all age groups. While today's tweens and teens may be more digitally savvy than their parents, their lack of maturity and life experience can quickly get them into trouble with these new social venues. For this reason, it is imperative that parents talk with their children of all ages about social media and monitor their online social media use to help them navigate this new online social world. How parents talk with their kids and teens will vary slightly by age depending on the topic being discussed. These tips will help you start that journey with your family.

- Learn about these technologies first hand. There is simply no better way than to have a profile yourself. It will also enable you to "friend" your kids and monitor them on line.
- Let them know that their use of technology is something you want and need to know about.
 - For kids of all ages, ask daily: "Have you used the computer and the Internet today?"
 - Technology use will vary by age. Tweens are likely to be using more instant messaging and texting, while teens use those technologies and also networking sites such as Facebook. (These tools often are referred to as "platforms" for social networking.) Ask daily how your family used those tools with questions such as: "What did you write on Facebook today?" "Any new chats recently?" "Anyone text you today?"
 - Share a bit about your daily social media use as a way to facilitate daily conversation about your kids' online habits.
 - Get your kids talking about their social media lives if you can just so you know what they are doing.
- Keep the computer in a public part of your home, such as the family room or kitchen, so that you can check on what your kids are doing online and how much time they are spending there.
- Talk with other parents about what their kids of similar ages are using for social media. Ask your kids about those technologies as a starting point for discussion. If they are in the same peer group, there is a good chance they are all using the same platforms together. For example:
 - For teens: "Mrs. Smith told me Jennifer uses Facebook. Is that something you've thought of doing? Do you already have a profile? If so, I'd like to see it."
 - For tweens and older elementary school kids: "Are you planning on meeting up with kids on Club Penguin today? I'd love to see how that works." Or, "Let's look at your text log today together. I'd like to see who's been texting you."
- For all ages, emphasize that everything sent over the Internet or a cell phone can be shared with the entire world, so it is important they use good judgment in sending messages and pictures and set privacy settings on social media sites appropriately.
 - Discuss with kids of every age what "good judgment" means and the consequences of poor judgment, ranging from minor punishment to possible legal action in the case of "sexting" (see below) or bullying.
 - Remember to make a point of discouraging kids from gossiping, spreading rumors, bullying or damaging someone's reputation using texting or other tools.
 - To keep kids safe, have your kids and teens show you where the privacy features are for every social

media venue they are using. The more private, the less likely inappropriate material will be received by your child, or sent to their circle of acquaintances.

- Be aware of the ages of use for sites your tweens and older elementary school kids want to use. Many sites are for age 13 and older, and the sites for younger kids do require parental consent to use.
- Be sure you are where your kids are online: IM, Facebook, Twitter, etc. Have a policy requiring that you and your child “friend” each other. This is one way of showing your child you are there, too, and will provide a check and balance system by having an adult within arm’s reach of their profile. This is important for kids of all ages, including teens.
- Show your kids you know how to use what they are using, and are willing to learn what you may not know how to do.
- Create a strategy for monitoring your kids’ online social media use, and be sure you follow through. Some families may check once a week and others more sporadically. You may want to say “Today I’ll be checking your computer and cell phone.” The older your kids are, the more often you may need to check.
- Consider formal monitoring systems to track your child’s email, chat, IM and image content. Parental controls on your computer or from your Internet service provider, Google Desktop or commercial programs are all reasonable alternatives.

- Set time limits for Internet and cell phone use. Learn the warning signs of trouble: skipping activities, meals and homework for social media; weight loss or gain; a drop in grades. If these issues are occurring due to your child being online when they should be eating, sleeping, participating in school or social activities, your child may have a problem with Internet or social media addiction. Contact your pediatrician for advice if any of these symptoms are occurring.

- Check chat logs, emails, files and social networking profiles for inappropriate content, friends, messages, and images periodically. Be transparent and let your kids know what you are doing.

- Multitasking can be dangerous--even deadly. Be sure to stress to teens the importance of not texting, Facebooking, using the phone, listening to ear buds or earphones, or engaging in similarly distracting activities while driving. These forms of distracted driving are illegal in many states because they are so dangerous. And caution kids of all ages about using mobile devices while walking, biking, babysitting or doing other things that require their full attention.

The Problem of “Sexting”

“Sexting” refers to sending a text message with pictures of children or teens that are inappropriate, naked or engaged in sex acts. According to a recent survey, about 20 percent of teen boys and girls have sent such messages. The emotional pain it causes can be enormous for the child in the picture as well as the sender and receiver--often with legal implications. Parents must begin the difficult conversation about sexting before there is a problem and introduce the issue as soon as a child is old enough to have a cell phone. Here are some tips for how to begin these conversations with your children:

- Talk to your kids, even if the issue hasn’t directly impacted your community. “Have you heard of sexting?” “Tell me what you think it is.” For the initial part of the conversation, it is important to first learn what your child’s understanding is of the issue and then add to it an age appropriate explanation (see next bullet).

- Use examples appropriate for your child’s age. For younger children with cell phones who do not yet know about sex, alert them that text messages should never contain pictures of people--kids or adults--without their clothes on, kissing or touching each other in ways that they’ve never seen before. For older children, use the term “sexting” and give more specifics about sex acts they may know about. For teens, be very specific that “sexting” often involves pictures of a sexual nature and is considered pornography.

- Make sure kids of all ages understand that sexting is serious and considered a crime in many jurisdictions. In all communities, if they “sext”, there will be serious consequences, quite possibly involving the police, suspension from school, and notes on the sexter’s permanent record that could hurt their chances of getting into college or getting a job.
- Experts have noted that peer pressure can play a major role in the sending of texts, with parties being a major contributing factor. Collecting cell phones at gatherings of tweens and teens is one way to reduce this temptation.
- Monitor headlines and the news for stories about “sexting” that illustrate the very real consequences for both senders and receivers of these images. “Have you seen this story?” “What did you think about it?” “What would you do if you were this child?” Rehearse ways they can respond if asked to participate in inappropriate texting.
- Encourage school and town assemblies to educate parents, teachers and students.

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Resources:

[FTC social networking safety tips](#)

[Talking about sexting in schools](#)

Professional Resources

[Practice Transformation](#)

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