

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.



PARENT AWARENESS SERIES: The Truth About Bullying

Are you concerned that your child might be bullied?

Potential Signs to look for:

- Does s/he return home from school with torn, damaged, or missing articles of clothing, books or belongings?
- Does s/he have unexplained cuts, bruises or scratches?
- Does s/he have few, if any, friends?
- Does s/he seem afraid of going to school?
- Has s/he lost interest in school work?
- Does s/he have physical complaints, trouble sleeping or frequent nightmares?
- Does s/he appear sad, moody or depressed?
- Does s/he appear anxious, worried, or have poor self-esteem?
- Has s/he become quiet, sensitive or passive?

If you notice any of these things, talk with your child and keep your eyes open. Don't get frustrated if your initial attempts at a conversation about bullying go nowhere. It can take time for kids to open up about what may feel like an embarrassing experience. Be patient and persistent. It can also help to express your concerns to your child's teachers and ask them to observe his/her social interactions more closely. Always stay supportive of your child! If you continue to feel uneasy despite reassurances from both your child and his/her teachers, consult with a mental health professional.

One of the biggest stories making headlines today is the news about the pervasiveness of bullying behaviors in youth. As most of us probably remember from our own childhood, bullying has been around for a long time. It has always been mean-spirited, primarily about intimidation and power, and pitted a child (or adult) who seems different against other peer group members. It's never a once in a lifetime occurrence - it happens repeatedly, and there are often bystanders who witness the behaviors but do not intervene.

What may make today's bullying behaviors different is that they now can occur online, which has earned the name 'cyberbullying'. Years ago, kids who were victims of bullies could retreat to the safety of their homes after an abusive experience at school. Now, however, the barrage of insults often continues via texts, emails, and Facebook messages. Because of the anonymity of the internet, cyberbullies may be even more coarse and abusive. It can seem as if there is no way to escape.

So what's a parent to do?

Recognizing that bullying behaviors can occur in any peer group setting is an important place to start. Too many parents feel that their child is protected because s/he goes to a 'good' school or because the parents 'know' all of their child's friends. Don't fool yourself into thinking that you know everything that happens in your child's life. Even young children keep certain things to themselves; the targets of bullying behaviors are often too intimidated or embarrassed to talk to anyone about what's going on.

Here are some specific action steps to remember:

- Recognize that bullying does happen, even as early as elementary school. If you notice worrisome changes in your child's behavior, try to remain open-minded and consider bullying as a possible cause. Ask questions about your child's social interactions to see if s/he is having problems with particular peers. You don't need to use the word "bullied"- you can ask if kids seem mean, or bossy, or if your child feels left-out at lunch or recess. Kids face all kinds of social challenges and do not have to meet the technical definition of bullying to be having a difficult time with peers.
- Even though your child's school may include curricula that deal with bullying behaviors or host assemblies on the topic, don't rely on the school to be the primary monitor of bullying behaviors. Most bullying happens in places where there is no adult supervision: in halls, the lunchroom, playground or in bathrooms. School officials may be unaware that it's even taking place.
- Have an open conversation about bullying with your child long before it becomes a problem. It's a whole lot easier to have a conversation about prevention before there is a problem to prevent! Periodically revisit the topic. This isn't a 'one time only' conversation, but a subject that should be regularly integrated into your discussions about what's going on in your child's life.
- Make use of opportunities presented by media coverage of bullying to get your child's opinion on the subject. It may be easier to start a conversation about bullying that's initiated by reactions to an impersonal news story than it is to talk about something personally affecting your child's life. It can open the door to a discussion about bullying in a non-threatening way.
- Remind your child about the importance of telling a trusted adult if s/he is worried about being bullied or for a peer. Unfortunately, studies have shown that almost 25% of youth who have been bullied didn't tell anyone about the experience.
- Pay attention to what happens in your own home. It's a whole lot easier for kids to use abusive and foul language in the hallways of their schools if it's what they're used to hearing in the hallways of their homes.
- Recognize that your goal is to help your child learn to be bully-resistant, not bully free. There will always be bullies who scapegoat those they perceive to be different or weaker. Your job is to reinforce skills that will help your child respond if and when bullying occurs. **What are some skills you can encourage in your children?**
 - Deciding on a plan of action before bullying occurs. Help your children understand how to identify intimidating, bullying behaviors and work with them to develop strategies to address them.
- While telling a trusted adult is the recommended strategy, especially for younger children, be sensitive to the perception that kids who 'tell' on their peers may be seen as tattletales or snitches. Help your child develop a plan to share this information with an adult in private.
- Avoid telling your child to 'fight back' and respond with similar intimidating behaviors. When bullying behaviors escalate, everyone loses! **What you can encourage, is for your child to 'fight back' in a positive way by:**
 - Avoiding places where the bullying takes place.
 - Staying off internet sites that contain intimidating or hostile messages.
 - Identifying trusted adults with whom s/he can discretely talk about what's been going on.
 - Telling you!
- Encourage your child to be an 'up-stander' rather than a 'bystander'. If they see someone else being bullied or harassed, urge them to intervene by getting an adult involved. Remind them that their job is not to stand up to the bully, but to find an adult to take on that responsibility.
- Finally, it is importance that you maintain access to the websites frequented by your children, especially your younger ones. Even though most of them will argue that their privacy is being violated, children need to understand that privacy is not an absolute. While you can certainly respect some of the ways in which they are developing independence, because of the real dangers posed by the internet, you need to remain vigilant about that aspect of their lives.

You may have also seen stories in the press that link being bullied and suicide. While bullying behaviors are one of the risk factors for youth suicide, they are only one of many. It's important to remember that there is more than one reason for every suicide. It's equally important to learn what you can about not only youth suicide risk factors and warning signs but also about the factors that insulate or protect your child from suicide risk. Visit the SPTS website, www.sptsusa.org, to view the "Not My Kid" video that contains valuable information to help you understand more about suicide risk for young people.