

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:

THE TEENS VISIT

Development

1. Sex Education
 - It's way past time to talk birds and bees, but keep the conversations going. Answer questions about sex factually, using actual language and terms. If you need an informational book, please ask for one.
 - Talk with your teen about the changes his/her body will undergo during puberty. Prepare your daughter for the onset of menarche and her periods.
 - Talk to your teen about safe sex and the risks of sexually transmitted disease and teen pregnancy.
2. Actively discourage harmful habits like smoking, alcohol, and drugs. Talk with your teen about peer pressure and how to say no, and the real risks of drunk driving.
3. Talk to your teen about social media and online safety, including online bullying and predators. Internet safety should be a regular and reoccurring conversation at the dinner table.

Injury Prevention

1. Teach your teen to **ALWAYS** wear seat belts even if others in the car do not. By this age, buckling up should be an almost automatic reflex.
2. 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. Teens need 8-10 hours a night.
2. Set limits on TV viewing/video games/social media. The cell phone needs a "bed time" and should be charged outside the room. Parents should set an example.
3. Obesity is a significant health threat. If you are worried, PLEASE bring it up at your visit.
4. Be on the lookout for eating disorders in boys and girls. Discuss all forms of healthy eating, both too much and too little. Don't skip breakfast.

Next Visit

Continue yearly visits, which also serve as sports, camp, and college physicals. Some parents come around the birthday. Some come every fall break. 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.

All 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. 60% of people are infected with HPV. The odds are against you. Get the first one before age 15, and you only need two shots. You'll need three if you start the HPV vaccine after age 15.

Your teen will need a meningitis booster before heading to college.

We see patients up to age 21.

Don't forget to get a flu vaccine.

Talking with Your Teens about Sex: Going Beyond “the Talk”



Parenting a teen is not always easy. Youth need adults who are there for them—especially parents* who will connect with them, communicate with them, spend time with them, and show a genuine interest in them. Talking with teens about sex-related topics, including healthy relationships and the prevention of HIV, other sexually transmitted diseases (STDs), and pregnancy, is a positive parenting practice that has been widely researched.¹ A number of programs in a variety of settings (e.g., schools, parents' worksites) have been shown to increase the amount and quality of communication between parents and their teens.²⁻⁴

This fact sheet offers practical actions for parents to help strengthen their efforts to engage positively with their teens and to have meaningful discussions with them about sex. This information complements other available parent resources (see selected list on page 3) by emphasizing the importance of talking with teens about sex *and* healthy relationships.

* In this fact sheet, “parent” refers to the adult primary caregiver(s) of an adolescent’s basic needs. These caregivers could include biological parents, other biological relatives, or non-biological parents.

Does talking with teens about sex make a difference?

- According to teens, the answer is “yes.” In national surveys conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy, teens report that their parents have the greatest influence over their decisions about sex—more than friends, siblings, or the media. Most teens also say they share their parents’ values about sex, and making decisions about delaying sex would be easier if they could talk openly and honestly with their parents.⁵
- According to many researchers, the answer is “yes.” Studies have shown that teens who report talking with their parents about sex are more likely to delay having sex and to use condoms when they do have sex.⁶ Parents should be aware that the following important aspects of communication can have an impact on teen sexual behavior:⁷
 - what is said
 - how it is said
 - how often it is said
 - how much teens feel cared for, and understood by, their parents

What can parents do?

When parents communicate honestly and openly with their teenage son or daughter about sex, relationships, and the prevention of HIV, STDs, and pregnancy, they can help promote their teen's health and reduce the chances that their teen will engage in behaviors that place them at risk. Following are some actions and approaches parents might take to improve communication with their teen about these challenging, hard-to-discuss health concerns.

■ Stay informed about—

- Where your teen is getting information
- What health messages your teen is learning
- What health messages are factual and medically accurate

Your teen may be getting messages about sex, relationships, and the prevention of HIV, STDs, and pregnancy from a variety of sources, including teachers, friends, health care providers, television, and social media. Some of these messages may be more accurate than others. Don't assume that your teen's health education class includes the information you want your child to know—school-based curricula vary from state to state.

■ Identify unique opportunities to have conversations with your teen, such as

- In the car. The car is a private space where your teen doesn't have to look at you but can hear what you have to say.
- Immediately following a relevant TV show/movie. Characters on TV shows and movies model many behaviors, and certain storylines may provide the opportunity to reinforce positive behavior or discuss the consequences of risky behavior.
- Through text messaging, which may provide an easy, acceptable way to reinforce messages discussed in-person.

■ Have frequent conversations.

Although you may know that having “the talk” with your teen about sex and HIV, STD, and pregnancy prevention is important, having a series of discussions that begin early, happen often, and continue over time can make more of a difference than a single conversation.

■ Be relaxed and open.

Talking about sex, relationships, and the prevention of HIV, STDs, and pregnancy may not always be comfortable or easy, but you can encourage your teen to ask you questions and be prepared to give fair and honest answers. This will keep the door open for both of you to bring up the topic. It's OK to say you're feeling uncomfortable or that you don't have all the answers.

■ Avoid overreacting.

When your teen shares personal information with you, keep in mind that he or she may be asking for your input or wants to know how you feel. Let your teen know that you value his or her opinion, even if it is different from yours.

■ Provide opportunities for conversations between your teen and health care professionals.

By taking your teen to regular, preventive care appointments and allowing time alone with the provider, you create opportunities for your teen to talk confidentially with doctors or nurses about health issues that may be of concern, including HIV, STDs, and pregnancy. Be prepared to suggest that you step out of the room for a moment to allow for this special time, as not all health care providers will feel comfortable asking you to leave the room.

What topics should parents discuss with their teens?

It's important that your conversations with your teen not focus just on the consequences of risky sexual behaviors. Many teens receive these messages in health education class or elsewhere. As a parent, you have the opportunity to have discussions with your teen about other related topics. You can

- Talk about healthy, respectful relationships.
- Communicate your own expectations for your teen about relationships and sex.
- Provide factual information about ways to prevent HIV, STDs, and pregnancy (e.g., abstinence, condoms and contraception, and HIV/STD testing).
- Focus on the benefits of protecting oneself from HIV, STDs, and pregnancy.
- Provide information about where your teen can speak with a provider and receive sexual health services, such as HIV/STD testing.

How can parents improve their communication skills?

Various organizations have developed programs to help build parents' skills and improve parent-adolescent communication. These skill-building programs may be implemented in schools, health clinics, community-based settings, and even places where parents work (see Table 1 for selected examples). Parents, educators, health care providers, community-based staff, and employers can work together to promote positive communication between parents and adolescents about sex.

Where can parents get more information?

- Centers for Disease Control and Prevention. Positive Parenting Practices
www.cdc.gov/healthyouth/protective/positiveparenting/index.htm
- Centers for Disease Control and Prevention. Teen Pregnancy: Parent and Guardian Resources
www.cdc.gov/teenpregnancy/parents.htm
- Office of Adolescent Health. Talking with Teens. Teens and Parents Talking
www.hhs.gov/ash/oah/resources-and-publications/info/parents/get-started/quiz.html
- Advocates for Youth. Parent-child communication: Promoting sexually healthy youth
www.advocatesforyouth.org/the-facts-parent-child-communication
- The National Campaign to Prevent Teen and Unplanned Pregnancy. Parent-adolescent communication about sex in Latino families: a guide for practitioners
<https://thenationalcampaign.org/resource/parent-adolescent-communication-about-sex-latino-families>
- U.S. Department of Health and Human Services. Healthfinder.gov. Talk to Your Kids about Sex
www.healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-sex

Table 1. Selected^a Programs for Parents to Improve Parent-Adolescent Communication about Sex

What is the program called?	Which parenting practices are addressed?	Who has participated?	Where has the program been implemented?
Parents Matter http://npin.cdc.gov/parentsmatter/	<ul style="list-style-type: none"> • General parent-teen communication • Parent-teen communication about sex • Parental monitoring^b 	<ul style="list-style-type: none"> • African American parents and/or guardians of pre-teens 9- to 12-years-old (4th and 5th graders) 	<ul style="list-style-type: none"> • Community-based organizations
Families Talking Together (Linking Lives) www.clafh.org/resources-for-parents/parent-materials/	<ul style="list-style-type: none"> • General parent-teen communication • Parent-teen communication about sex • Parental monitoring 	<ul style="list-style-type: none"> • Parents and/or guardians of African American or Latino youth 	<ul style="list-style-type: none"> • Pediatric clinics • Schools
Talking Parents, Healthy Teens www.childtrends.org/?programs=talking-parents-healthy-teens	<ul style="list-style-type: none"> • Communication (general and about sex) • Parental monitoring 	<ul style="list-style-type: none"> • Parents and/or guardians of 6th to 10th graders 	<ul style="list-style-type: none"> • Worksites

^a These programs have been evaluated and shown to improve parent-adolescent communication about sex.⁸⁻¹⁰ The selected examples illustrate different audiences of focus, including parents of elementary, middle, and high school students, as well as the variety of settings in which programs can be implemented, including community-based organizations, schools, and worksites.

^b Parental monitoring occurs when parents make a habit of knowing about their teens (e.g., what they are doing, whom they are with, and where they are), setting clear expectations for behavior, and regularly checking in with their teens to be sure these expectations are being met.

References

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