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
Add the score for each column	+	+	+	
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 _____

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 Inern 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 figety 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, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems,* how *difficult* have these problems 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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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.

SOCIETY for the PREVENTION of TEEN SUICIDE

PARENT AWARENESS SERIES:

Talking to your Kids About Suicide

Every parent would like to believe that suicide is not relevant to them or their family or friends. Unfortunately, it's all too relevant for all of us. It's the 3rd leading cause of death in adolescents and the 2nd for college aged students. Even more disturbing are national surveys that tell us that 16% of high school students admit to thinking about suicide and almost 8% acknowledge actually making an attempt. The unfortunate truth is that suicide can happen to ANY kid in ANY family at ANY time!

So how do you deal with this reality? Once you acknowledge that suicide is as much risk for your child as not wearing a seat belt while driving, or using alcohol or drugs, or engaging in risky sexual behavior, you've taken the first step in prevention. You talk to your children about these other behaviors which can put them at personal risk, and suicide is no different. It's something you CAN and SHOULD talk about with your children!

Contrary to myth, talking about suicide CANNOT plant the idea in someone's head! It actually can open up communication about a topic that is often kept a secret. And secrets that are exposed to the rational light of day often become less powerful and scary. You also give your child permission to bring up the subject again in the future.

If it isn't prompted by something your kid is saying or doing that worries you, approach this topic in the same way as other subjects that are important to you, but may or may not be important to your child:

- Timing is everything! Pick a time when you have the best chance of getting your child's attention. Sometimes a car ride, for example, assures you of a captive, attentive audience. Or a suicide that has received media attention can provide the perfect opportunity to bring up the topic.
- Think about what you want to say ahead of time and rehearse a script if necessary. It always helps to have a reference point: ("I was reading in the paper that youth suicide has been increasing…" or "I saw that your school is having a program for teachers on suicide prevention.")
- Be honest. It this is a hard subject for you to talk about, admit it! ("You know, I never thought this was something I'd be talking with you about, but I think it's really important"). By acknowledging your discomfort, you give your child permission to acknowledge his/her discomfort, too.
- Ask for your child's response. Be direct! ("What do you think about suicide?"; "Is it something that any of your friends talk about?"; "The statistics make it sound pretty common. Have you ever thought about it? What about your friends?")

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- Listen to what your child has to say. You've asked the questions, so simply consider your child's answers. If you hear something that worries you, be honest about that too."What you're telling me has really gotten my attention and I need to think about it some more. Let's talk about this again, okay?"

- Don't overreact or under react. Overreaction will close off any future communication on the subject. Under reacting, especially in relation to suicide, is often just a way to make ourselves feel better. ANY thoughts or talk of suicide ("I felt that way awhile ago but don't any more") should ALWAYS be revisited. Remember that suicide is an attempt to solve a problem that seems impossible to solve in any other way. Ask about the problem that created the suicidal thoughts. This can make it easier to bring up again in the future ("I wanted to ask you again about the situation you were telling me about...")

Here are some possible warning signs that can be organized around the word "FACTS":

FEELINGS that, again, seem different from the past, like hopelessness; fear of losing control; helplessness; worthlessness; feeling anxious, worried or angry often

ACTIONS that are different from the way your child acted in the past, especially things like talking about death or suicide, taking dangerous risks, withdrawing from activities or sports or using alcohol or drugs

CHANGES in personality, behavior, sleeping patterns, eating habits; loss of interest in friends or activities or sudden improvement after a period of being down or withdrawn

THREATS that convey a sense of hopelessness, worthlessness, or preoccupation with death ("Life doesn't seem worth it sometimes"; "I wish I were dead"; "Heaven's got to be better than this"); plans like giving away favorite things, studying ways to die, obtaining a weapon or stash of pills; suicide attempts like overdosing or cutting

SITUATIONS that can serve as "trigger points" for suicidal behaviors. These include things like loss or death; getting in trouble at home, in school or with the law; a break-up; or impending changes for which your child feels scared or unprepared

If you notice any of these things in kids who have always been impulsive, made previous suicide attempts or threats or seem vulnerable in any way, you really should get consultation from a mental health professional.

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

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