

## 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%).

## 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, please refer to accompanying scoring card). TOTAL:

<p><b>10.</b> 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**

<b>Total Score</b>	<b>Depression Severity</b>
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.

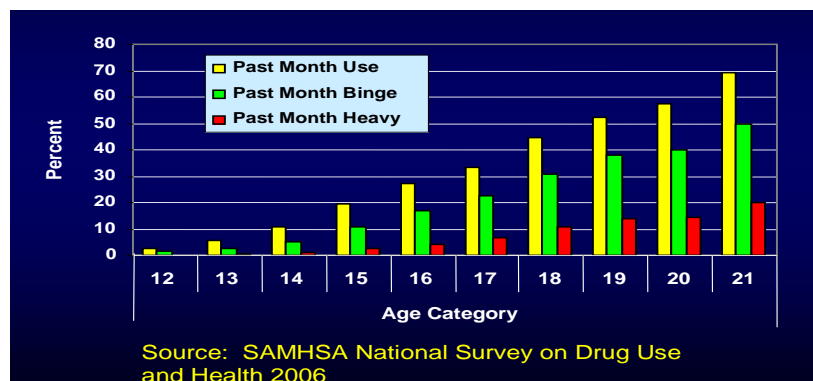
Don't forget to get a flu vaccine.



## Statistical Snapshot of Underage Drinking

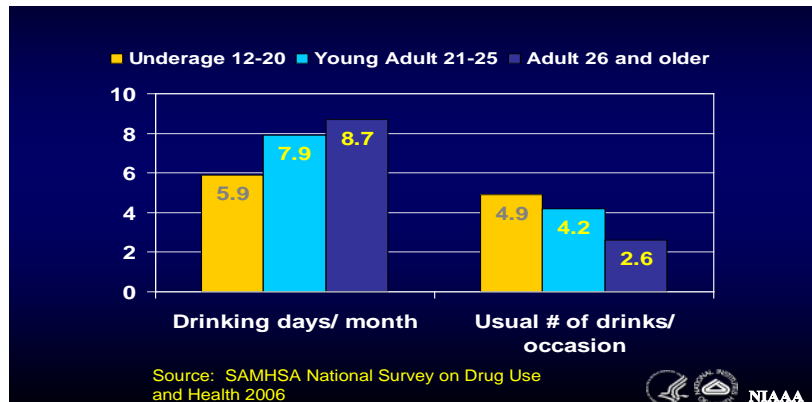
Alcohol consumption and dangerous patterns of drinking are widespread among adolescents and lead to many adverse consequences for underage drinkers and others.

- **Underage Drinking is Widespread:** There are an estimated 10.8 million underage drinkers in the U.S.
- **Alcohol is the Drug of Choice Among Adolescents:** Three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in five 8th graders have consumed alcohol (more than a few sips) in their lifetime. Forty-five percent of 12<sup>th</sup> graders; 34 percent of 10<sup>th</sup> graders; and 17 percent of 8<sup>th</sup> graders reported using alcohol in the past month – more than cigarettes and marijuana combined.<sup>1</sup>
- **Many Adolescents Engage in Binge Drinking:** Twenty-nine percent of 12th graders, 22 percent of 10th graders, and 11 percent of 8th graders have engaged in binge drinking.<sup>2</sup> In this study, binge drinking was defined as consuming 5 or more drinks on a single occasion.
- **Binge Drinking Increases Dramatically During Adolescence:**



*From age 13 to age 21, the percentage of young people who report past month binge drinking increases from about 1 percent to 50 percent.<sup>3</sup>*

- **Adolescents Drink Less Frequently than Adults but More Per Occasion:**



*On average, underage drinkers consume about 5 drinks nearly 6 times a month, while adults 26 and older have between 2 and 3 drinks about 9 times per month.<sup>4</sup>*

- **Adolescents Often Get Alcohol From Adults:** Underage youth report that alcohol is easy to obtain:

- In a recent survey, more than 40 percent of underage drinkers (persons aged 12 to 20 who drank in the past 30 days) reported obtaining alcohol at no cost from adults 21 or older.<sup>5</sup>
- The same survey also found that more than 6 percent of underage drinkers were given alcohol by their parents in the past month.
- The same survey also found that, the younger the underage drinker, the more likely he or she is to get alcohol from a parent, guardian, or other family member. For example, more than 30 percent of 12 to 14 year old drinkers get alcohol from these familial sources, compared to about 12 percent of drinkers age 18 to 20.

- **Fatal Injuries and Lifelong Dependence are Common Consequences of Underage Drinking:** Injury is the leading cause of death among young

people in the U.S. and alcohol is the leading contributor to injury deaths. In the U.S., an estimated 5,000 individuals under age 21 die each year from injuries caused by underage drinking.<sup>6</sup>

These include:

- **Motor Vehicle Crashes:** About 1,900 deaths
  - **Homicides:** About 1,600 deaths
  - **Suicides:** About 300 deaths
- 
- **Alcohol Dependence:** Early alcohol use, independent of other risk factors, strongly predicts the development of alcohol dependence. Of all people who ever meet the diagnostic criteria for alcohol dependence in their lifetime, nearly half do so by age 21 and two-thirds by age 25.<sup>7</sup>
  
  - **Numerous Risks are Associated with Underage Binge Drinking:** Among high school students in the U.S., those who binge drink frequently are at higher risk for the following outcomes than are students who abstain from drinking:<sup>8</sup>
    - Risky Sexual Behavior
    - Assaults
    - Sexual Assaults
    - Injuries
    - Academic Problems
    - Legal Problems

**However, no causal connections have been established between all of these outcomes and binge drinking.**

- **Underage Drinking is Common in the Military:** According to the most recent (2005) Department of Defense Survey of Health Related Behaviors Among Military Personnel, 62.3 percent of underage military members drink

at least once a year. The same survey found that 21 percent of active duty military personnel age 20 and younger reported heavy alcohol use -- defined as drinking five or more drinks per typical drinking occasion -- within the past 30 days.<sup>9</sup> A similar proportion of college students report binge drinking, as noted in the [\*Statistical Snapshot of College Drinking\*](#).



## Notes/Additional Resources

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<sup>1</sup> Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2006). *Monitoring the Future national survey results on drug use, 1975–2005: Volume I, Secondary school students* (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse.

<sup>2</sup> *Monitoring the Future* 2006

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings*. <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf>

<sup>4</sup> Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings*. <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf>

<sup>5</sup> Substance Abuse and Mental Health Services Administration. (2008) *Underage Alcohol Use: Findings from the 2002-2006 National Surveys on Drug Use and Health*. <http://oas.samhsa.gov/underage2k8/toc.htm>

<sup>6</sup> U.S.Department of Health and Human Services. (2007) *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*. Office of the Surgeon General. <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>

<sup>7</sup> Hingson RW, Heeren T, Winter MR. Age at drinking onset and alcohol dependence: age at onset, duration, and severity. *Arch Pediatr Adolesc Med*. 2006 Jul;160(7):739-46.

<sup>8</sup> U.S.Department of Health and Human Services. (2007) *The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking*.

<sup>9</sup> Bray RM, Hourani LL. Substance use trends among active duty military personnel: findings from the United States Department of Defense Health Related Behavior Surveys, 1980-2005. *Addiction*. 2007 Jul;102(7):1092-101.