

Scoring of Screening Tools for Emotional Changes

A Depression (PHQ-9)

Please circle one of the four answers that most closely indicates:
Over the last 2 weeks, how often have you been bothered by any of the following:

Little interest or pleasure in doing things?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	Grand total
Feeling down, depressed or hopeless?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Trouble falling or staying asleep, or sleeping too much?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Feeling tired or having little energy?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Poor appetite or overeating?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Feeling bad about yourself-or that you are a failure or have let yourself or your family down?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Trouble concentrating on things, such as reading the newspaper or watching television?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
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 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Thoughts that you would be better off dead, or of hurting yourself?	0 Not At all	1 Several Days	2 More than half the days	3 Nearly every day	
Column totals	_____	_____	_____	_____	

Scoring: Sum the columns and then sum the column totals. A score ≥ 10 and/or a non-zero response on the last question (self-harm question in red) is a positive screen. Use page 18, "Depression" section for treatment options.

Bipolar disorder (MDQ)

Keep going.... Circle the letter that indicates: Has there ever been a period of time in your life when you were not your usual self and...

	NO	YES
...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	Y
...you were so irritable that you shouted at people or started fights or arguments?	N	Y
...you felt much more self-confident than usual?	N	Y
...you got much less sleep than usual and found you didn't really miss it?	N	Y
...you were much more talkative or spoke much faster than usual?	N	Y
...thoughts raced through your head, or you couldn't slow your mind down?	N	Y
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
...you had much more energy than usual?	N	Y
...you were much more active or did many more things than usual?	N	Y
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
...you were much more interested in sex than usual?	N	Y
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
...spending money got you or your family into trouble?	N	Y
Please place a check mark in the NO or YES column to answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Scoring: Total the number of Y responses above the grey bar containing the text beginning with "Please place a ..." A score ≥ 7 is a positive screen. Use page 18, "Bipolar disorder" section and pages 24 and 25, Bipolar Disorder Treatment and Management, for treatment options.

Please continue to section B (next page)

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B Anxiety (GAD-7)	Circle o that indicates: Over the past 2 weeks , how often have you been bothered by any of the following problems?				
Feeling nervous, anxious or on edge	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	<hr style="width: 50px; margin: 0 auto;"/> Grand total
Not being able to stop or control worrying	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Worrying too much about different things	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Trouble relaxing	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Being so restless that it is hard to sit still	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Becoming easily annoyed or irritable	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Feeling afraid, as if something awful might happen	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Column Totals					
If you checked any problems, how difficult have they 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: Sum the ratings for the 7 items. A score ≥ 5 is a positive screen. Use page 18, "Anxiety" section for treatment options.

C Posttraumatic Stress Disorder (PC-PTSD-5)	Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:	
	<ul style="list-style-type: none"> A serious accident or fire A physical or sexual assault or abuse An earthquake or flood A war Seeing someone be killed or seriously injured Having a loved one die through homicide or suicide 	

Have you ever experienced this kind of event? Please circle the response that indicates your answer:	0 NO	1 YES
<i>If NO, you are finished. Thank you for completing this survey! If YES, please continue: If NO, score is 0</i>		
In the past month, have you...		
have had nightmares about the event(s) or thought about the event(s) when you did not want to?	0 NO	1 YES
tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of	0 NO	1 YES
been constantly on guard, watchful, or easily startled?	0 NO	1 YES
felt numb or detached from people, activities, or your surroundings?	0 NO	1 YES
felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may	0 NO	1 YES
Number of YES responses	<hr style="width: 50px; margin: 0 auto;"/>	

Scoring: If the first item response is NO, the score is 0. If the first item response is YES, sum the number of YES for the last five questions. A score ≥ 3 indicates a positive screen for PTSD. Use page 18, "PTSD" section to consider treatment options. Consider administering the PCL-C in the Supplemental Materials.

Done! Thank you for completing this questionnaire!

AD-2 and GAD-7: Spitzer, RL, et al. A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Int Med. 2006; 166(10):1092-1097

C-PTSD: Prins A, et al. The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation Within a Veteran Primary Care Sample. J Gen Intern Med. 2016;31(10):1206-1211.

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