

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ 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>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?</p> | <p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p> |
|---|--|

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

| | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True | |
|--|---|---|------------------------------------|----|
| 1. When I feel frightened, it is hard to breathe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 2. I get headaches when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SH |
| 3. I don't like to be with people I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |
| 4. I get scared if I sleep away from home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 5. I worry about other people liking me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 6. When I get frightened, I feel like passing out. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 7. I am nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 8. I follow my mother or father wherever they go. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 9. People tell me that I look nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 10. I feel nervous with people I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |
| 11. I get stomachaches at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SH |
| 12. When I get frightened, I feel like I am going crazy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 13. I worry about sleeping alone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 14. I worry about being as good as other kids. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 15. When I get frightened, I feel like things are not real. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 16. I have nightmares about something bad happening to my parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 17. I worry about going to school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SH |
| 18. When I get frightened, my heart beats fast. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 19. I get shaky. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 20. I have nightmares about something bad happening to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 2 of 2 (to be filled out by the CHILD)

| | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True | |
|--|---|---|------------------------------------|----|
| 21. I worry about things working out for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 22. When I get frightened, I sweat a lot. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 23. I am a worrier. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 24. I get really frightened for no reason at all. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 25. I am afraid to be alone in the house. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 26. It is hard for me to talk with people I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |
| 27. When I get frightened, I feel like I am choking. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 28. People tell me that I worry too much. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 29. I don't like to be away from my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 30. I am afraid of having anxiety (or panic) attacks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 31. I worry that something bad might happen to my parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SP |
| 32. I feel shy with people I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |
| 33. I worry about what is going to happen in the future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 34. When I get frightened, I feel like throwing up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 35. I worry about how well I do things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 36. I am scared to go to school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SH |
| 37. I worry about things that have already happened. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GD |
| 38. When I get frightened, I feel dizzy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PN |
| 39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |
| 40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |
| 41. I am shy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | SC |

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

The SCARED is available at no cost at www.wpic.pitt.edu/research_under_tools_and_assessments, or at www.pediatric_bipolar.pitt.edu under instruments.

Scoring Sheet for SCARED ANXIETY QUESTIONNAIRE

In the table below, enter the score for each question to the right of the question number. Add the scores in each column and enter the total at the bottom of the column. Add the scores across the "TOTAL" row to calculate the overall score.

| Panic Disorder or Significant Somatic Symptoms | | Generalized Anxiety Disorder | | Separation Anxiety Disorder | | Social Anxiety Disorder | | Significant School Avoidance | | |
|--|-------|------------------------------|-------|-----------------------------|-------|-------------------------|-------|------------------------------|-------|----------------------|
| Question Number | Score | Question Number | Score | Question Number | Score | Question Number | Score | Question Number | Score | |
| #1 | | #5 | | #4 | | #3 | | #2 | | |
| #6 | | #7 | | #8 | | #10 | | #11 | | |
| #9 | | #14 | | #13 | | #26 | | #17 | | |
| #12 | | #21 | | #16 | | #32 | | #36 | | |
| #15 | | #23 | | #20 | | #39 | | | | |
| #18 | | #28 | | #25 | | #40 | | | | |
| #19 | | #33 | | #29 | | #41 | | | | |
| #22 | | #35 | | #31 | | | | | | |
| #24 | | #37 | | | | | | | | |
| #27 | | | | | | | | | | |
| #30 | | | | | | | | | | |
| #34 | | | | | | | | | | |
| #38 | | | | | | | | | | |
| TOTAL | = | + | = | + | = | + | = | + | = | Overall Score |

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 40 are more specific. TOTAL =

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. PN =

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. GD =

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**. SP =

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. SC =

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. SH =