

## Patient Health Questionnaire (PHQ-9)

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

|                                                                                                                                                                                                 | Not at all               | Several days             | More than half the days  | Nearly every day         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?                                                                                            |                          |                          |                          |                          |
| a. Little interest or pleasure in doing things                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Feeling down, depressed, or hopeless                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Trouble falling/staying asleep, sleeping too much                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Feeling tired or having little energy                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Poor appetite or overeating                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeling bad about yourself or that you are a failure or have let yourself or your family down                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Trouble concentrating on things, such as reading the newspaper or watching television.                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. 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.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Thoughts that you would be better off dead or of hurting yourself in some way.                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you checked off any problem on this questionnaire so far, 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      |
|                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Screen for Child Anxiety Related Disorders (SCARED)

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

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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<br>Not True<br>or Hardly<br>Ever True | 1<br>Somewhat<br>True or<br>Sometimes<br>True | 2<br>Very True<br>or Often<br>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<br>Not True<br>or Hardly<br>Ever True | 1<br>Somewhat<br>True or<br>Sometimes<br>True | 2<br>Very True<br>or Often<br>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  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 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 SOC**. **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 =**

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](http://www.wpic.pitt.edu/research_under_tools_and_assessments), or at [www.pediatric\\_bipolar.pitt.edu/instruments](http://www.pediatric_bipolar.pitt.edu/instruments).

## CRAFFT Screening Tool for Adolescent Substance Abuse

The following questions concern information about your potential involvement with alcohol and other drugs during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then mark in the appropriate box beside the question. Please answer every question. If you cannot decide, then choose the response that is mostly right.

When the word "drug" is used, it refers to the use of prescribed or over-the-counter drugs that are used in excess of the directions and any non-medical use of drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin, Oxycontin).

| <b>Part A: During the PAST 12 MONTHS, did you:</b> |                                                                                                                                                                 | No | Yes |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 1.                                                 | Drink any <u>alcohol</u> (more than a few sips)?<br>(Do not count sips of alcohol taken during family or religious events.)                                     |    |     |
| 2.                                                 | Smoke any <u>marijuana</u> or <u>hashish</u> ?                                                                                                                  |    |     |
| 3.                                                 | Use <u>anything else</u> to get high?<br>("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") |    |     |
| <b>Part B: CRAFFT</b>                              |                                                                                                                                                                 | No | Yes |
| 1.                                                 | Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?                                  |    |     |
| 2.                                                 | Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                                                       |    |     |
| 3.                                                 | Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?                                                                                   |    |     |
| 4.                                                 | Do you ever <b>FORGET</b> things you did while using alcohol or drugs?                                                                                          |    |     |
| 5.                                                 | Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                                                    |    |     |
| 6.                                                 | Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?                                                                                 |    |     |