**MENTAL HEALTH DIFFICULTY SCREENING TOOLS**

**Anxiety – GAD7**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by the following problems?** *(Use “✔” to indicate your answer”* | Not at all | Several days | More than half the days | Nearly every day |
| 1. Feeling nervous, anxious or on edge
 | 0 | 1 | 2 | 3 |
| 1. Not being able to stop or control worrying
 | 0 | 1 | 2 | 3 |
| 1. Worrying too much about different things
 | 0 | 1 | 2 | 3 |
| 1. Trouble relaxing
 | 0 | 1 | 2 | 3 |
| 1. Being so restless that it is hard to sit still
 | 0 | 1 | 2 | 3 |
| 1. Becoming easily annoyed or irritable
 | 0 | 1 | 2 | 3 |
| 1. Feeling afraid as if something awful might happen
 | 0 | 1 | 2 | 3 |
| **Column Totals** |  **+ + +** |
| **Total Score** |  |

**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** | **Verydifficult** | **Extremelydifficult**  |
| **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

***GAD-7 Anxiety Severity.***

Scores represent:

**0-5 mild**

**6-10 moderate**

**11-15 moderately severe anxiety**

**15-21 severe anxiety**

**Practitioners should advise people to contact their GP to discuss any of their mental health concerns and particularly where scores are 10+**

**Depression – PHQ9**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
| 1. Feeling down, depressed, or hopeless
 | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep, or sleeping too much
 | 0 | 1 | 2 | 3 |
| 1. Feeling tired or having little energy
 | 0 | 1 | 2 | 3 |
| 1. Poor appetite or overeating
 | 0 | 1 | 2 | 3 |
| 1. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
 | 0 | 1 | 2 | 3 |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television
 | 0 | 1 | 2 | 3 |
| 1. 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 |
| 1. Thoughts that you would be better off dead or of hurting yourself in some way
 | 0 | 1 | 2 | 3 |
| **Column Totals** |  **+ + +** |
| **Total Score (Sum of Column Totals)** |  |

***PHQ-9 Depression Severity***

Scores represent**:**

**0-5 = mild**

**6-10 = moderate**

**11-15 = moderately severe**

**16-20 = severe depression**

**Practitioners should advise people to contact their GP to discuss any of their mental health concerns and particularly where scores are 10+**