**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** | **Very difficult** | **Extremely difficult** |
|  |  |  |  |

***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+**