

MEASURE/SCALE	HOW TO SCORE & WHAT SCORES MEAN	SUGGESTED ACTION(S) TO TAKE													
Patient Health Questionnaire PHQ-9															
<p>Depression</p> <p><i>The PHQ-9 is a validated diagnostic and tracking tool</i></p> <p>SUICIDE RISK FACTORS:</p> <p>Near-term:</p> <ul style="list-style-type: none"> Significant comorbid anxiety or psychotic symptoms Active substance abuse Access to firearms <p>Long-term:</p> <ul style="list-style-type: none"> Prior suicide attempts Social isolation/living alone Male and elderly Hopelessness Family history of completed suicide 	<p>Depression Screening: A score of 2 or 3 on Question 1 and/or 2 is positive.</p> <p>If depression screen is negative, consider other diagnoses.</p> <p>Question A assesses functional impairment; a score of at least "somewhat difficult" is positive.</p>	<p>For all depression diagnoses:</p> <ul style="list-style-type: none"> Provide patient education. Discuss treatment options: medications, care management, and psychotherapy. Set self-management goals. 													
		<table border="1"> <thead> <tr> <th>PHQ-9 scores</th> <th>Symptoms</th> <th>Treatment Recommendations</th> </tr> </thead> <tbody> <tr> <td>10-14</td> <td>MILD</td> <td>Consider watchful waiting. If active treatment is needed, medication or psychotherapy is equally effective.</td> </tr> <tr> <td>15-19</td> <td>MODERATE</td> <td>Active treatment with medication OR psychotherapy. Consider referral to care management.</td> </tr> <tr> <td>≥ 20</td> <td>SEVERE</td> <td>Medication treatment recommended. For many people, psychotherapy is useful in addition. People with severe symptoms often benefit from consultation with a psychiatrist.</td> </tr> </tbody> </table>	PHQ-9 scores	Symptoms	Treatment Recommendations	10-14	MILD	Consider watchful waiting. If active treatment is needed, medication or psychotherapy is equally effective.	15-19	MODERATE	Active treatment with medication OR psychotherapy. Consider referral to care management.	≥ 20	SEVERE	Medication treatment recommended. For many people, psychotherapy is useful in addition. People with severe symptoms often benefit from consultation with a psychiatrist.	
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		<p>Question 9: Assesses suicidal ideation. A score of 1 or more is positive.</p>	If positive, do Suicide Risk Assessment.												
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Generalized Anxiety Disorder (GAD-7)															
<p>Generalized Anxiety, PTSD, Panic, Social Anxiety</p> <p><i>The GAD-7 is a validated diagnostic tool</i></p>	<p>Anxiety Screening: A score of 2 or 3 on Question 1 and/or 2 is a positive.</p> <p>If anxiety screen is negative, consider other diagnoses.</p>														
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Mood Disorder Questionnaire (MDQ)		
Bipolar Disorder	<p>For a positive screen, all 3 of the following criteria must be met:</p> <p><u>Question 1</u>: 7/13 positive (yes) responses +</p> <p><u>Question 2</u>: Positive (yes) response +</p> <p><u>Question 3</u>: "moderate" or "serious" response</p>	<p>Diagnosis of bipolar disorder can not be based on information from the MDQ alone. Next steps might include:</p> <ul style="list-style-type: none"> Referral for further mental health assessment. Further diagnostic evaluation by PCP. Consult and/or refer to Mental Health Specialist to help confirm diagnosis and plan treatment. <p>Refer immediately if a patient demonstrates unmanageable behaviors (e.g., suicidality, psychosis, or violence).</p> <p>If you suspect bipolar illness, it may be risky to start anti-depressants without a mood stabilizer. Consultation or referral to a psychiatrist or psychiatric NP is recommended when bipolar illness is suspected.</p>
AC-OK		
Substance Abuse Screening	One "yes" answer suggests further assessment for alcohol or drug abuse.	The AC-OK is not diagnostic . It is a screening tool to help identify potential areas that may need further assessment.
Sleep		
Sleep	A "yes" answer suggests further assessment of sleep. A sleep problem may be related to a mental health diagnosis. Helping the patient with the sleep problem may help them recover from the mental health problem.	<ol style="list-style-type: none"> Assess the reason for the sleep problem: e.g., sleep apnea, too much caffeine, etc. Sleep problems may be approached in a stepwise fashion: <ul style="list-style-type: none"> sleep hygiene such as the environment in which the patient is sleeping, caffeine intake and others brief problem focused psychotherapy pharmacology – e.g., trazodone, benzodiazepenes if no significant abuse risk, other hypnotics
Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist		
Adult ADHD	<p>Part A. If 4 or more answers are positive (Questions 1-3: Sometimes, Often or Very Often; Questions 4-6 Often or Very Often), the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted. The 6 questions in Part A are most predictive.</p> <p>Part B. No total score or diagnostic likelihood is used for these 12 questions. Use these scores to probe further into the patient's symptoms. Pay particular attention to marks in the shaded boxes.</p> <p>Review entire checklist with patient and evaluate level of impairment associated with each symptom. Ask patients to describe how these problems have affected their ability to work, take care of things at home, or get along with other people such as their spouse.</p>	<ol style="list-style-type: none"> Screen for substance abuse or other comorbidities. Assess the presence of these symptoms in childhood. (Adults with ADHD need not have been formally diagnosed in childhood, although some significant symptoms should have been present.) <p>Use DSM-IV criteria for diagnosis, and start trial of stimulants if indicated.</p>