Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7)

Date_____ Patient Name: M Naughty Date of Birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

PHQ-9	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 in some way.	(0)	1	2	3
Add the score for each column	0	2	4	0

Total Score (add your column scores): 6

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all **(Somewhat difficult)** **Very Difficult** **Extremely Difficult**

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

GAD-7	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	(3)
2. Not being able to stop or control worrying.	0	1	2	(3)
3. Worrying too much about different things.	0	1	2	(3)
4. Trouble relaxing.	0	1	2	(3)
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	(1)	2	3
7. Feeling afraid as if something awful might happen.	0	(1)	(2)	3
Add the score for each column		2	2	12

Total Score (add your column scores): 16

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all **Somewhat difficult** **Very Difficult** **(Extremely Difficult)**

UHS Rev 4/2020

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.
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Penn State Worry Questionnaire

PSWQ | 16-item self-report measure

Name: Willoughby Date: _____

Instructions For each statement, circle the number that best describes how typical or characteristic it is of you.

STATEMENT	1 Not at all typical	2 Rarely typical	3 Somewhat typical	4 Often typical	5 Very typical
1. If I don't have enough time to do everything, I don't worry about it.	1	(2)	3	4	5
2. My worries overwhelm me.	1	2	(3)	4	5
3. I do not tend to worry about things.	(1)	2	3	4	5
4. Many situations make me worry.	1	2	3	(4)	5
5. I know I shouldn't worry about things, but I just cannot help it.	1	2	3	4	(5)
6. When I am under pressure I worry a lot.	1	2	3	4	(5)
7. I am always worrying about something.	1	2	3	4	(5)
8. I find it easy to dismiss worrisome thoughts.	1	(2)	3	4	5
9. As soon as I finish one task, I start to worry about everything else I have to do.	1	2	(3)	4	5
10. I never worry about anything.	(1)	2	3	4	5
11. When there is nothing more I can do about a concern, I don't worry about it anymore.	1	(2)	3	4	5
12. I've been a worrier all my life.	1	2	3	4	(5)
13. I notice that I have been worrying about things.	1	2	3	(4)	5
14. Once I start worrying, I can't stop.	1	2	3	4	(5)
15. I worry all the time.	1	2	(3)	4	5
16. I worry about projects until they are done.	1	2	3	4	(5)

Scoring & Interpretation

PSWQ | Scoring worksheet

How to score

1. Record responses. Use the circled response (1–5) for each of the 16 items.

2. Reverse-score five items. For items 1, 3, 8, 10, and 11, convert the circled response: 1 → 5, 2 → 4, 3 → 3, 4 → 2, 5 → 1.

3. Keep the other scores unchanged. For items 2, 4, 5, 6, 7, 9, 12, 13, 14, 15, and 16, use the circled number as the score.

4. Sum all scored items. Add the 16 item scores. Total possible score: 16–80; higher scores indicate greater trait worry.

Reverse-scoring shortcut: scored value = 6 − circled response.

Scoring worksheet

REVERSE-SCORED ITEMS

Item 1 4
Item 3 5
Item 8 4
Item 10 5
Item 11 4
Subtotal: 22 / 25

STANDARD-SCORED ITEMS

Item 2 3
Item 4 4
Item 5 5
Item 6 5
Item 7 5
Item 9 3
Item 12 5
Item 13 4
Item 14 5
Item 15 3
Item 16 5
Subtotal: 47 / 55

TOTAL PSWQ SCORE: 69 / 80

Severity ranges

29 or less	Not anxious or a worrier
30–51	Bothered by worries but below clinical range for worry
52–65	Currently have some problems with worry and may benefit from treatment
66 or more	Chronic worrier and in need of treatment to target this problem

Interpretation note. Scores describe worry severity and should be considered alongside clinical assessment.

Original measure: Meyer, T. J., Miller, M. L., Metzger, R. L., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Questionnaire. Behaviour Research and Therapy, 28, 487–495.

Liebowitz Social Anxiety Scale

LSAS | Self-report questionnaire | 24 situations

Name: Willoughby Date: _____

Instructions

Consider how each situation has affected you during the past week. For every situation, select ONE fear/anxiety rating and ONE avoidance rating. If you did not encounter a situation, imagine how you would respond if it occurred.

FEAR / ANXIETY
0 None · 1 Mild · 2 Moderate · 3 Severe

AVOIDANCE
0 Never (0%) · 1 Occasionally (1–33%)
2 Often (34–66%) · 3 Usually (67–100%)

Mark one circle in each rating group for every situation.

SITUATION	FEAR / ANXIETY				AVOIDANCE			
	0	1	2	3	0	1	2	3
1. Telephoning in public.	○	✕	○	○	✕	○	○	○
2. Participating in small groups.	○	○	✕	○	○	✕	○	○
3. Eating in public places.	○	✕	○	○	✕	○	○	○
4. Drinking with others in public places.	○	✕	○	○	✕	○	○	○
5. Talking to people in authority.	○	○	✕	✕	○	○	✕	○
6. Acting, performing, or giving a talk in front of an audience.	○	○	○	✕	○	○	○	✕
7. Going to a party.	○	○	✕	○	○	○	✕	○
8. Working while being observed.	○	○	○	✕	○	○	✕	○
9. Writing while being observed.	○	✕	○	○	○	✕	○	○
10. Calling someone you don't know very well.	○	○	✕	○	○	○	✕	○
11. Talking with people you don't know very well.	○	○	✕	○	○	○	✕	○
12. Meeting strangers.	○	○	✕	○	○	○	✕	○
Page 1 subtotals | Items 1–12		4	10	9		2	12	3

Add items 1–12 in each rating group, then copy both subtotals to page 2.

FEAR / ANXIETY SUBTOTAL
23 / 36

AVOIDANCE SUBTOTAL
17 / 36

LSAS | Questionnaire continued

Situations 13–24 | Mark one fear rating and one avoidance rating per situation

SITUATION	FEAR / ANXIETY				AVOIDANCE			
	0	1	2	3	0	1	2	3
13. Urinating in a public bathroom.	X	○	○	○	X	○	○	○
14. Entering a room when others are already seated.	○	○	X	○	○	○	X	○
15. Being the center of attention.	○	○	○	X	○	○	X	○
16. Speaking up at a meeting.	○	○	○	X	○	○	○	X
17. Taking a test.	○	X	○	○	X	○	○	○
18. Expressing a disagreement or disapproval to people you don't know very well.	○	○	○	X	○	○	X	○
19. Looking at people you don't know very well in the eyes.	○	○	X	○	○	X	○	○
20. Giving a report to a group.	○	○	○	X	○	○	○	X
21. Trying to pick up someone.	X	○	○	○	X	○	○	○
22. Returning goods to a store.	○	X	○	○	○	X	○	○
23. Giving a party.	○	X	○	○	○	X	○	○
24. Resisting a high-pressure salesperson.	○	X	○	○	○	X	○	○

Scoring worksheet | Carry forward from page 1 4 4 12 4 6 6

Transfer your page 1 subtotals, score items 13–24, then add down each column.

	FEAR / ANXIETY	AVOIDANCE
Page 1 subtotal | items 1–12	23 / 36	17 / 36
Page 2 subtotal | items 13–24	20 / 36	16 / 36
TOTAL | items 1–24	43 / 72	33 / 72

Combined LSAS score

Fear total 43 / 72 + **Avoidance total** 33 / 72 = **LSAS** 76 / 144

For scoring ranges and screening reference points, see page 3.

Name: Willoughby Date: _____

Panic Disorder Severity Scale – Self Report Form

Several of the following questions refer to panic attacks and limited symptom attacks. For this questionnaire we define a panic attack as a sudden rush of fear or discomfort accompanied by at least 4 of the symptoms listed below. In order to qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks but having fewer than 4 of the listed symptoms are called limited symptom attacks. Here are the symptoms to count:

- Rapid or pounding heartbeat
- Sweating
- Trembling or shaking
- Breathlessness
- Feeling of choking
- Chest pain or discomfort
- Nausea
- Dizziness or faintness
- Feelings of unreality
- Numbness or tingling
- Chills or hot flushes
- Fear of losing control or going crazy
- Fear of dying

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1. How many panic and limited symptoms attacks did you have during the week?

   0 No panic or limited symptom episodes
   (1) Mild: no full panic attacks and no more than 1 limited symptom attack/day
   2 Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day
   3 Severe: more than 2 full attacks but not more than 1/day on average
   4 Extreme: full panic attacks occurred more than once a day, more days than not

2. If you had any panic attacks during the past week, how distressing (uncomfortable, frightening) were they while they were happening? (If you had more than one, give an average rating. If you didn't have any panic attacks but did have limited symptom attacks, answer for the limited symptom attacks.)

   0 Not at all distressing, or no panic or limited symptom attacks during the past week
   (1) Mildly distressing (not too intense)
   2 Moderately distressing (intense, but still manageable)
   3 Severely distressing (very intense)
   4 Extremely distressing (extreme distress during all attacks)

3. During the past week, how much have you worried or felt anxious about when your next panic attack would occur or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment)?

   0 Not at all
   (1) Occasionally or only mildly
   2 Frequently or moderately
   3 Very often or to a very disturbing degree
   4 Nearly constantly and to a disabling extent

4. During the past week were there any places or situations (e.g., public transportation, movie theaters, crowds, bridges, tunnels, shopping malls, being alone) you avoided, or felt afraid of (uncomfortable in, wanted to avoid or leave), because of fear of having a panic attack? Are there any other situations that you would have avoided or been afraid of if they had come up during the week, for the same reason? If yes to either question, please rate your level of fear and avoidance this past week.

   (0) None: no fear or avoidance
   1 Mild: occasional fear and/or avoidance but I could usually confront or endure the situation. There was little or no modification of my lifestyle due to this.
   2 Moderate: noticeable fear and/or avoidance but still manageable. I avoided some situations, but I could confront them with a companion. There was some modification of my lifestyle because of this, but my overall functioning was not impaired.
   3 Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual activities.
   4 Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed.

5. During the past week, were there any activities (e.g., physical exertion, sexual relations, taking a hot shower or bath, drinking coffee, watching an exciting or scary movie) that you avoided, or felt afraid of (uncomfortable doing, wanted to avoid or stop), because they caused physical sensations like those you feel during panic attacks or that you were afraid might trigger a panic attack? Are there any other activities that you would have avoided or been afraid of if they had come up during the week for that reason? If yes to either question, please rate your level of fear and avoidance of those activities this past week.

0 No fear or avoidance of situations or activities because of distressing physical sensations
(1) Mild: occasional fear and/or avoidance, but usually I could confront or endure with little distress activities that cause physical sensations. There was little modification of my lifestyle due to this.
2 Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired.
3 Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning.
4 Extreme: pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this such that important tasks or activities were not performed.

6. During the past week, how much did the above symptoms altogether (panic and limited symptom attacks, worry about attacks, and fear of situations and activities because of attacks) interfere with your ability to work or carry out your responsibilities at home? (If your work or home responsibilities were less than usual this past week, answer how you think you would have done if the responsibilities had been usual.)

(0) No interference with work or home responsibilities
1 Slight interference with work or home responsibilities, but I could do nearly everything I could if I didn't have these problems.
2 Significant interference with work or home responsibilities, but I still could manage to do the things I needed to do.
3 Substantial impairment in work or home responsibilities; there were many important things I couldn't do because of these problems.
4 Extreme, incapacitating impairment such that I was essentially unable to manage any work or home responsibilities.

7. During the past week, how much did panic and limited symptom attacks, worry about attacks and fear of situations and activities because of attacks interfere with your social life? (If you didn't have many opportunities to socialize this past week, answer how you think you would have done if you did have opportunities.)

(0) No interference
1 Slight interference with social activities, but I could do nearly everything I could if I didn't have these problems.
2 Significant interference with social activities but I could manage to do most things if I made the effort.
3 Substantial impairment in social activities; there are many social things I couldn't do because of these problems.
4 Extreme, incapacitating impairment, such that there was hardly anything social I could do.

4/28

Willoughby

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

8 10 0 8

18/85