

# Behavioral Health Screening Tool



Patient Name: .....

Date of Visit: .....

Over the last 2 weeks, how often have you been bothered by the following problems?

	No Days	Several Days	7 or more days	Nearly every day
1. Feeling nervous, anxious, or on edge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Not being able to stop or control worrying	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Little interest or pleasure in doing things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Feeling down, depressed, or hopeless	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. In the past year, have you had:				
<input type="checkbox"/> (men) 5 or more alcohol drinks in one day?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Skip	
<input type="checkbox"/> (women) 4 or more alcohol drinks in one day?				

*This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.*



For referral to treatment, please contact Beacon Health Strategies at **1-877-344-2858**.

## GAD-2

#1:  /3

#2:  /3



TOTAL

The Generalized Anxiety Disorder (**GAD-2**) inquires about the frequency of anxiety over the past two weeks.

- Total score ranges from **0** to **6** points.
- If the total score is **2** or **less**, screen yearly.
- If the total score is **3** or **more**, see below.

## PHQ-2

#3:  /3

#4:  /3



TOTAL

The Patient Health Questionnaire (**PHQ-2**) inquires about the frequency of depressed mood and anhedonia over the past two weeks.

- Total score ranges from **0** to **6** points.
- If the total score is **2** or **less**, screen yearly.
- If the total score is **3** or **more**, see below.

## SHA

#5: Yes/No/Skip



Y/N

This alcohol screening question in the **SHA** (Staying Healthy Assessment) is based on the US Preventive Services Task Force recommendation

- If the answer is **no**, repeat annually or when clinically indicated.
- If the answer is **yes**, offer an expanded screening questionnaire (such as the AUDIT or AUDIT-C) and if indicated, provide brief intervention or refer to treatment based on scores.

If any of the above  
**(GAD-2, PHQ-2, SHA)**  
are **positive**, please consider:

- ✓ Further evaluation (GAD-7, PHQ-9, full AUDIT or AUDIT-C)
- ✓ Brief interventions
- ✓ Refer for treatment

**\*For children 16 and under, if GAD-2 or PHQ-2 is positive, please use the Pediatric Symptom Check List.**

All necessary screening forms are available on L.A. Care provider website or scan the code to visit:  
[http:// www.lacare.org/providers/behavioral-health/forms-and-toolkits](http://www.lacare.org/providers/behavioral-health/forms-and-toolkits).

