## Behavioral Health Screening Tool

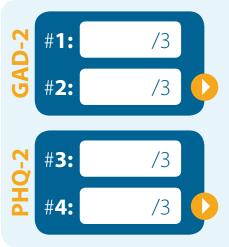


Patient Name:	Date of Visit:			
Over the last 2 weeks, how often have you been bothered by the following problems?				
	No Days	Several Days	7 or more days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3
5. In the past year, have you had:  (men) 5 or more alcohol drinks in one day?  (women) 4 or more alcohol drinks in one day?	□ Ne	•	Yes	Skip

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.



## Score Sheet and Instructional Guide



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.

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.



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

Y/N

- 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

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.



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