

phq-2 & gad-2 screening

PHQ-2 GAD-2	<i>Over the last 2 weeks (or other agreed time period) how often have you been bothered by any of the following problems?</i>	<i>not at all</i>	<i>several days</i>	<i>more than half the days</i>	<i>nearly every day</i>
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Feeling nervous, anxious or on edge	0	1	2	3
4.	Not being able to stop or control worrying	0	1	2	3

Questions 1 & 2 screen for depression, with a total score of 3 or more for these two items suggesting the strong possibility of clinical depression.

Questions 3 & 4 screen for anxiety (GAD, panic, PTSD & social anxiety), with a total score of 3 or more for these two items suggesting the strong possibility of clinical anxiety.

Kroenke, K., R. L. Spitzer, et al. (2003). "The Patient Health Questionnaire-2: validity of a two-item depression screener." *Med Care* 41(11): 1284-1292.

Kroenke, K., R. L. Spitzer, et al. (2007). "Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection." *Ann Intern Med* 146(5): 317-325.
