

Scoresheet for Part A Standard Screening (GAD-2, PHQ-2, AUDIT-C, CRAFFT)

---

**GAD-2**

#1:

#2:

**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, please complete Part B; GAD-7**.

**PHQ-2**

#3:

#4:

**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, please complete Part C; PHQ-9**.

**AUDIT-C**

#5:

#6:

#7:

**TOTAL**

The Alcohol Use Disorder Test - Consumption (AUDIT-C) helps identify patients with alcohol use disorders.

- Total score ranges from **0 to 12 points**.
- A total score of **4 or more is positive for men**.
- A total score of **3 or more is positive for women**.
- A score of **1 or more for #6 or #7 is also considered positive**.

**CRAFFT**

#8:

**TOTAL**

The CRAFFT test screens adolescents for high risk alcohol and other drug use disorders.

- If **Yes** (the score is 1) please complete **Part D; CRAFFT follow-up**.

---

You may refer the patient to Behavioral Health and Recovery Services using the [BHRS Referral Form](http://www.hpsm.org/documents/BHRS_Referral_Form.pdf):  
[www.hpsm.org/documents/BHRS\\_Referral\\_Form.pdf](http://www.hpsm.org/documents/BHRS_Referral_Form.pdf)

Scoresheet for Part B (GAD-7)

#1:	
#2:	
#3:	
#4:	
#5:	
#6:	
#7:	
<b>TOTAL</b>	

**GAD-7 Anxiety Severity**

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of “Not at all,” “Several days,” “More than half the days,” and “Nearly every day,” respectively.

GAD-7 total score for the seven items ranges from 0 to 21.

**Total scores represent:**

- 0-5            Mild anxiety
- 6-10         Moderate anxiety
- 11-15        Moderately severe anxiety
- 15-21        Severe anxiety.

Source: [www.torbayandsouthdevon.nhs.uk/uploads/score-sheet-gad-7-anxiety-and-phq-9-depression.pdf](http://www.torbayandsouthdevon.nhs.uk/uploads/score-sheet-gad-7-anxiety-and-phq-9-depression.pdf)

Scoresheet for Part C (PHQ-9)

#1:	
#2:	
#3:	
#4:	
#5:	
#6:	
#7:	
#8:	
#9:	
<b>TOTAL</b>	

**PHQ-9 Severity Score**

Score	Provisional Diagnosis	Treatment Recommendation
5-9	Minimal symptoms <sup>1</sup>	Support, educate to call if worse, return in one month
10-14	Minor depression <sup>2</sup> Dysthymia <sup>1</sup> Major depression - <i>mild</i>	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression - <i>moderately severe</i>	Antidepressant or psychotherapy
>20	Major depression - <i>severe</i>	Antidepressant or psychotherapy <sup>3</sup>

<sup>1</sup> If symptoms present ≥ two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask “In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?”)

<sup>2</sup> If symptoms present ≥ one month or severe functional impairment, consider active treatment

<sup>3</sup> Especially if not improved on monotherapy

Source: [www.cqaimh.org/pdf/tool\\_phq9.pdf](http://www.cqaimh.org/pdf/tool_phq9.pdf)

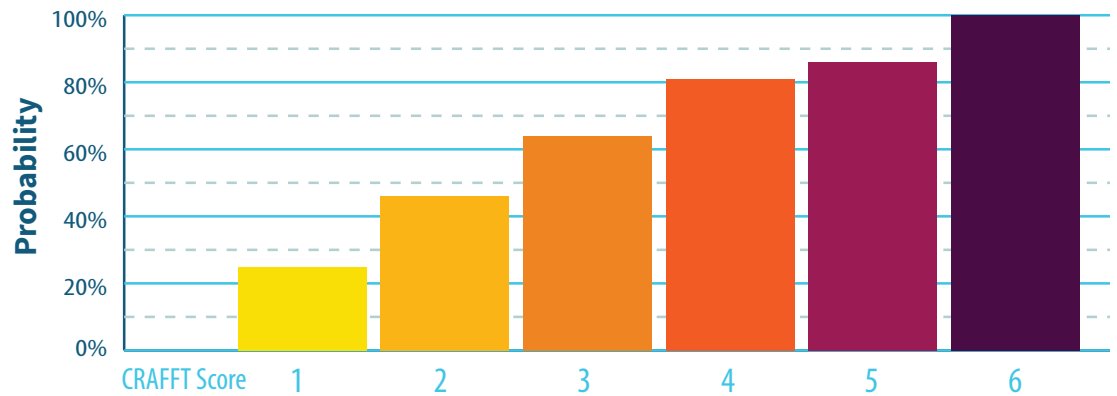
Scoresheet for Part A question #8 and Part D (CRAFFT)

#1:	<input type="text"/>
#2:	<input type="text"/>
#3:	<input type="text"/>
#4:	<input type="text"/>
#5:	<input type="text"/>
#6:	<input type="text"/>
#7:	<input type="text"/>
<b>TOTAL</b>	

**CRAFFT Scoring**

- Each “Yes” response in Part D scores **1 point**.
- A total score of **2 or higher** is a positive screen, indicating a need for additional assessment.

**Probability of substance abuse/dependence diagnosis based on CRAFFT score<sup>1,2</sup>**



**DSM-IV Diagnostic Criteria<sup>3</sup> (Abbreviated)**

**Substance Abuse** (1 or more of the following):

- Use causes failure to fulfill obligations of work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

**Substance Dependence** (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

**Patient Referral Resources**

Behavioral Health and Recovery Services (BHRS) Access Call Center phone number for referrals: **(800) 686-0101**

You may refer the patient to Behavioral Health and Recovery Services using the BHRS Referral Form: [www.hpsm.org/documents/BHRS\\_Referral\\_Form.pdf](http://www.hpsm.org/documents/BHRS_Referral_Form.pdf)

© Children's Hospital Boston, 2009. This form may be reproduced in its exact form for use in clinical settings, courtesy of the Center for Adolescent Substance Abuse Research, Children's Hospital Boston, 300 Longwood Ave, Boston, MA 02115., 617-355-5433 [www.caesar.org](http://www.caesar.org)

<sup>1</sup> Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med 1999;153(6):591-6.

<sup>2</sup> Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med 2002; 156(6):607-14.

<sup>3</sup> American Psychiatric Association. Diagnostic & Statistical Manual of Mental Disorders, fourth edition, text revision. Washington DC, American Psychiatric Association, 2000.