

4-1-2011

Outcomes of Client-Based Feedback: Comments and a third option

Rodger K. Bufford

George Fox University, rbufford@georgefox.edu

Follow this and additional works at: http://digitalcommons.georgefox.edu/gscp_fac



Part of the [Clinical Psychology Commons](#)

Recommended Citation

Bufford, Rodger K., "Outcomes of Client-Based Feedback: Comments and a third option" (2011). *Faculty Publications - Graduate School of Clinical Psychology*. Paper 18.

http://digitalcommons.georgefox.edu/gscp_fac/18

This Conference Proceeding is brought to you for free and open access by the Graduate School of Clinical Psychology at Digital Commons @ George Fox University. It has been accepted for inclusion in Faculty Publications - Graduate School of Clinical Psychology by an authorized administrator of Digital Commons @ George Fox University.

Outcomes of Client-Based Feedback

Comments and a third option

Comments

- Pertinent to Jeff's presentation
- Another client-feedback measure: ACORN

Comments

- Feedback works
- Feedback provides an alternative to manualized treatment
- Therapists who use feedback do better—it seems to help most those who are doing most poorly
- Therapist changes in response to feedback appear to be subtle—and tailored to the client's unique factors

Comments

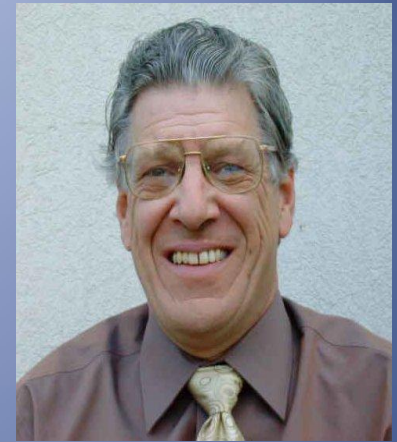
- The generalizability concerns of RCTs are avoided
 - Different clients
 - Different problems
 - Different therapists
 - Different settings
 - Different treatments—unless
 - No complicating conditions

Comments

- Some concerns arise
 - The 10 centimeter challenge
 - Session ratings (working alliance) have ceiling effects
 - Here traditional descriptive statistics are not presented: Mean, SD, internal consistency

ACORN

George “Jeb” Brown



- The ACORN is a brief symptom assessment scale and relationship scale.
- It is designed to be used repeatedly, ideally at each session.
- George “Jeb” Brown developed the ACORN, consults with clinics and managed care organizations, and does ongoing program evaluations on treatment outcomes using this scale.
- jebbrown@clinical-informatics.com

This is one
version of
the Acorn



Client ID _____ Clinician ID _____
Please fill circles completely

Brief Adult Outcome Questionnaire
Version 3.0

Organization Site
Date completed _____ Session # _____
 / /

Please print clearly

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This brief questionnaire asks about some of the most commonly reported thoughts, feelings and behaviors among adults seeking behavioral health treatment. Please think about the past two weeks and indicate how often each of the following occurred. This will help you and your therapist to plan your treatment and monitor your improvement.

| In the past two weeks, how often did you | Never | Hardly ever | Some-times | Often | Very often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ...feel unhappy or sad? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...have little or no energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...have a hard time getting along with family, friends or coworkers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...feel worthless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...feel no interest in things?. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...feel tense or nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...cry easily? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...have someone express concerns about your alcohol or drug use? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...feel lonely? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...have problems with sleep (too much or too little)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...feel irritated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...feel hopeless about the future? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...not able to complete your work or other important daily tasks in a timely manner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ...find yourself daydreaming, worrying or staring into space? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

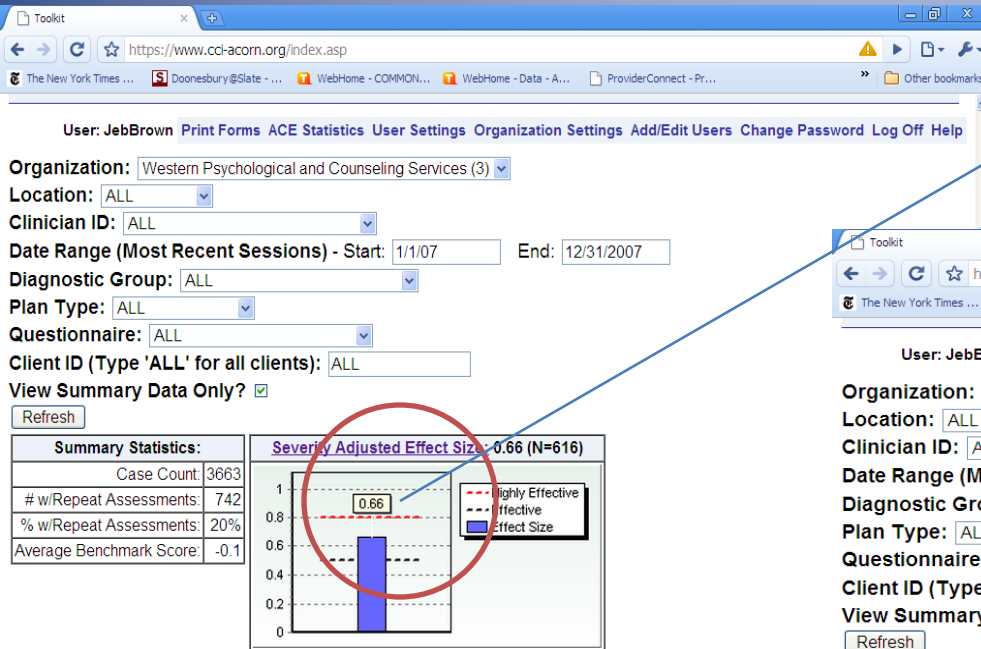
| If this is not your first session, please take a moment to give feedback on your most recent session. | Agree | Somewhat agree | Not sure | Somewhat disagree | Do not agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I felt that we talked about the things that were important to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the therapist liked and understood me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the session was helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt confident that the therapist and I worked well together. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54232

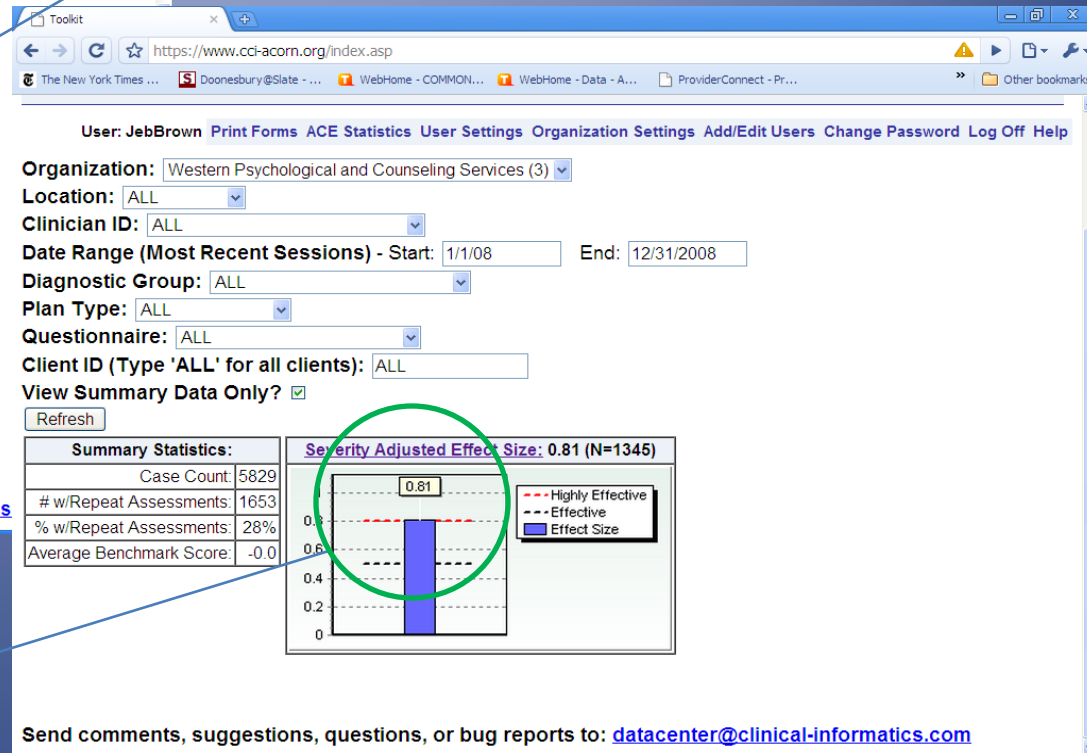
For more information on this and other questionnaires visit
www.psychoutcomes.org



WPC ACORN Outcomes



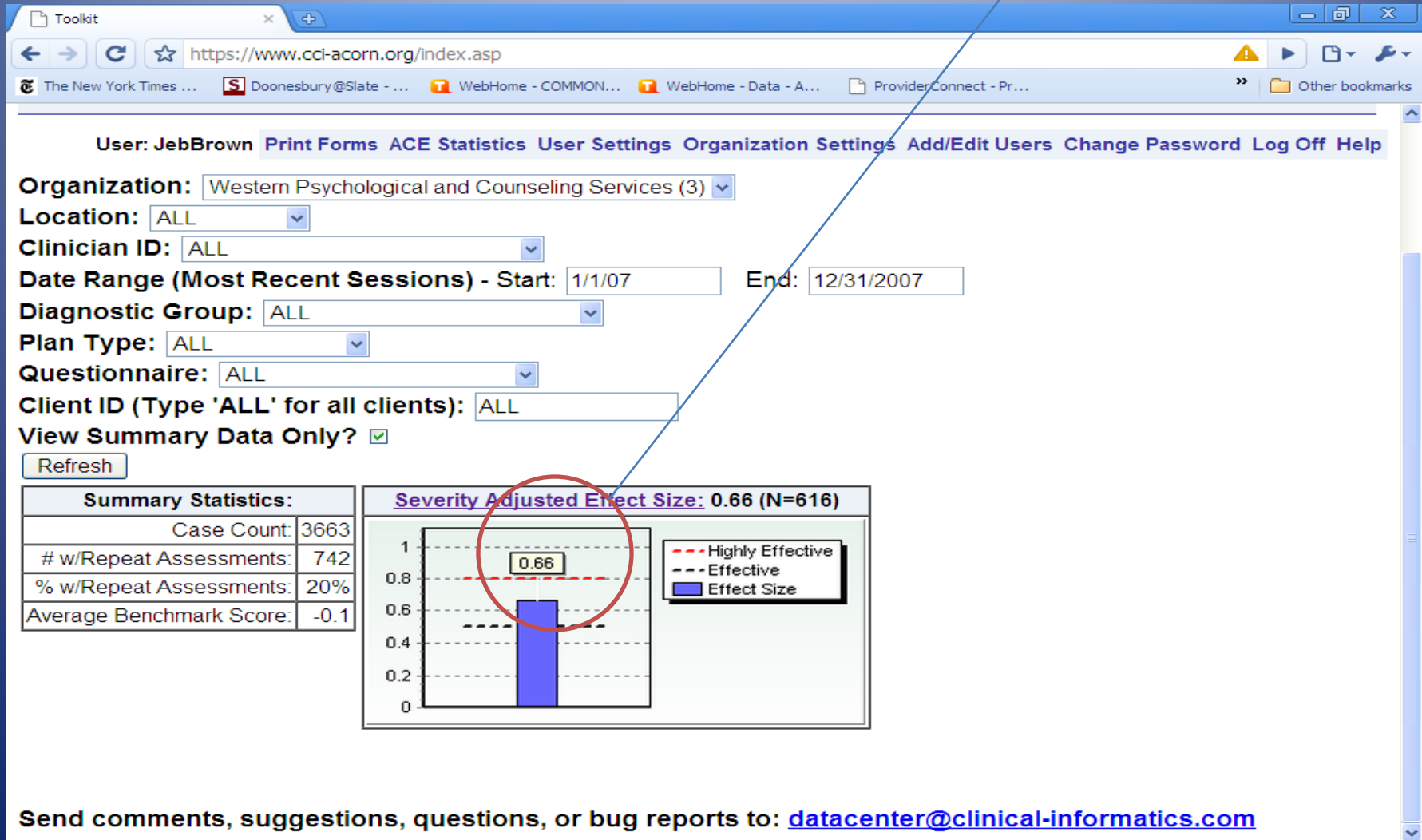
2007
ES = .66



2008
ES = .81
25% gain

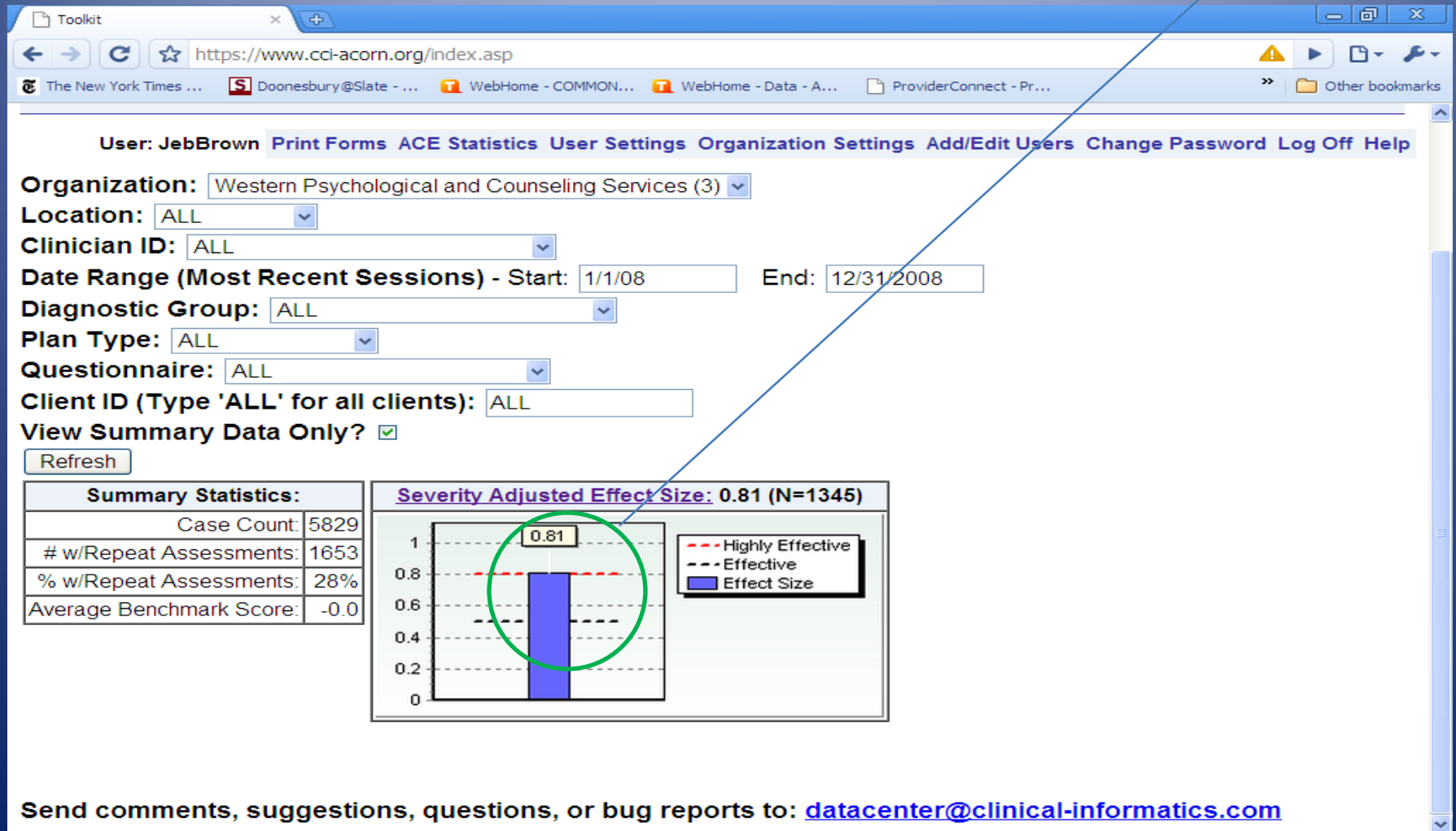
WPC Outcomes

2007
ES = .66



WPC Outcomes

2008
ES = .81
25% gain



ACORN

Features of the ACORN

- 10-15 items
- Multiple versions, including adolescent, substance abuse
- Item interchangeability
- Items rated 0-4 for severity
 - 0 = never
 - 1 = hardly ever
 - 2 = sometimes
 - 3 = often
 - 4 = very often
- Symptom severity or global distress is measured

ACORN

Features of the ACORN

- Mean item score is used
- Interpretation
 - 0-1.5 normal or asymptomatic
 - 1.51-2.5 moderate distress
 - 2.51-4 severe distress
- Four working alliance questions
- <https://psychoutcomes.org/bin/view/COMMONS>



OQ-45

- Developed by Michael J Lambert and colleagues
- Face-valid symptom checklist intended for repeated administration
- Several versions
 - OQ-45
 - LSQ-30 <http://www.carepaths.com/outcomes-questionnaire-30-1-oq30/>
 - YLSQ-30: youth version

• OQ-45.11

• Session #: _____

• Date: _____

• **INSTRUCTIONS:** Looking back over the last week, including today, help us understand how you have been feeling. Read each item and mark the answer that best describes your current situation. Work is defined as employment, school, housework, volunteer work, etc.

| | Never | Rarely | Sometimes | Frequently | Almost Always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • 1. I get along well with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 2. I am easily fatigued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 3. I feel little interest in life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 4. I feel stressed at work/school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 5. I blame myself for things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 6. I feel irritated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 7. I feel unhappy in my marriage/significant relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 8. I have thoughts of ending my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 9. I feel weak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 10. I feel fearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 11. After heavy drinking, I need a drink the next morning to get going (if you do not drink, mark 'never') | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 12. I find my work/school satisfying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 13. I am a happy person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 14. I work/study too much | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 15. I feel worthless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 16. I am concerned about family troubles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• OQ-45.11 – PAGE 2

| | Never | Rarely | Sometimes | Frequently | Almost Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. I have frequent arguments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I feel loved and wanted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. I enjoy my spare time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I have difficulty concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I feel hopeless about the future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I like myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I am not able to keep disturbing thoughts out of my mind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I feel annoyed by people who criticize my drinking or drug use (if not applicable, mark 'never') | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I have an upset stomach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I am not working/studying as well as I used to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. My heart pounds too much | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I have trouble getting along with friends and close acquaintances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. I am satisfied with my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. I have trouble at work because of drinking or drug use (if not applicable, mark 'never') | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. I feel that something bad is going to happen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. I have sore muscles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. I feel afraid of open spaces, of driving, or being on buses, subways, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

• OQ-45.11 – PAGE 3

OQ-45 References

- Lambert, M. J. (2005). Early response in psychotherapy: Further evidence for the importance of common factors rather than “placebo effects” *Journal of Clinical Psychology*, 61, 855-869.
- Lambert, M.J. & Asay, T. A (2004). Clinically significant change. In D. Charman (Ed.). *Core Processes in brief psychodynamic psychotherapy: Advancing effective practice* (Pp. 309-322). Mahwah, NJ: Lawrence Erlbaum.
- Lambert, M. J., Gregersen, A. T., & Burlingame, G.M. (2004). The Outcome Questionnaire. In Maruish, M. (Ed). *The use of psychological tests for treatment planning and outcome assessment* (3rd ED) (Pp. 191-234). Lawrence Erlbaum.
- Lambert, M. J., & Hawkins, E.J. (2004a). Measuring outcome: Implementing, monitoring and evaluating outcome in clinical practice. *Professional Psychology: Research and Practice*, 35, 492-498.
- Lambert, M. J. & Hawkins, E.J. (2004b). Measuring Psychotherapy Outcome. In Maruish, M. (Ed). *The use of psychological tests for treatment planning and outcome assessment* (3rd ed., Pp. 171-195). Lawrence Erlbaum.
- Lambert, M. J., Hunt, R. D., & Vermeersch, D. A. (2004). Optimizing outcome through measurement of psychological functioning. In D. Charman (Ed.). *Core Processes in brief psychodynamic psychotherapy: Advancing effective practice* (Pp. 23-46). Mahwah, NJ: Lawrence Erlbaum.
- Lambert, M. J., & Vermeersch, D. A. (2005). Efficacy and effectiveness. In M. Hersen (Ed.) *Encyclopedia of behavior modification and therapy: Vol. I Thousand Oaks: Sage Publications*.
- Nielsen, S. L., Smart, D. W., Isakson, R., Worthen, V., Gregersen, A. T., & Lambert, M. J. (2004). The Consumer Reports effectiveness score: What did consumers report? *Journal of Counseling Psychology*, 51, 38-39.
- Vermeersch, D A., Whipple, J. L., Lambert, M. J., Hawkins, E. J., Burchfield, C. M., & Okiishi, J. C. (2004). Outcome Questionnaire: Item sensitivity to changes in counseling center clients. *Journal of Counseling Psychology*, 51, 38-49.



Outcome Rating Scale

Scott Miller & Barry Duncan



- Face-valid and simplest rating scale
- Intended for repeated assessment
- This scale rates each of four dimensions by placing a mark along a 10 centimeter scale
- Scores for each dimension are achieved by measuring the placement of the mark in tenths of a centimeter, e.g., 6.7
- **Miller and Duncan propose that absence of improvement in 3-4 sessions indicates a therapist failure**
 - Re-conceptualize and renegotiate plan or refer
 - Failure to do so may result in chronic problems for client
 - Chronicity is viewed as a therapist failure rather than a client failure

Outcome Rating Scale

Scott Miller & Barry Duncan – 2000

- **Individually**
- (Personal well-being)
-
- |-----|
-
- **Interpersonally**
- (Family, close relationships)
-
- |-----|
-
- **Socially**
- (Work, school, friendships)
-
- |-----|
-
- **Overall**
- (General sense of well-being)
-
- |-----|
-
-

- INSTITUTE FOR THE STUDY OF THERAPEUTIC CHANGE
- WWW.TALKINGCURE.COM
- © 2000, SCOTT D. MILLER AND BARRY L. DUNCAN

Session Rating Scale

Scott Miller, Barry Duncan, & Lynn Johnson – 20002

- **The Session Rating Scale (SRS V.3.0) rates the work of the therapist**
- **It consists of 4 items, again rated by placing a line on a 10 cm scale.**
- **Domains include:**
 - **Relationship**
|-----|
 - **Goals and Topics**
|-----|
 - **Approach or Method**
|-----|
 - **Overall (e.g.)**
 - There was something missing in the session today.
 - Overall, today's session was right for me.|-----|

Session Rating Scale

Scott Miller, Barry Duncan, & Lynn Johnson – 20002

- **Scott D Miller**

- scottdmiller@talkingcure.com
- www.scottdmiller.com
- www.centerforclinicalexcellence.com

- **Barry Duncan**

- barrylduncan@comcast.net
- www.heartandsoulofchange.com
www.whatsrightwithyou.com

PHQ and GAD-7

- **Pfizer offers free mental health assessment tools to improve care**
- (7/26/2010) **Press Release** New York, NY —Pfizer today announced that it will make available assessment scales used by physicians and others in the healthcare community to support the evaluation and diagnosis of patients suffering from certain mental disorders.
- Users can directly access and download the Patient Health Questionnaire (PHQ) and the General Anxiety Disorder questionnaire (GAD-7) without copyright restriction and at no charge
- The PHQ and GAD instruments, including different variations and translations in nearly 80 languages, are available at www.phqscreeners.com

GAD-7

- GAD-7 Questionnaire

- How often during the past 2 weeks have you felt bothered by:

- 1. Feeling nervous, anxious, or on edge?

- 0 = not at all

- 1 = several days

- 2 = more than half the days

- 3 = nearly everyday

- 2. Not being able to stop or control worrying?

- 0 = not at all

- 1 = several days

- 2 = more than half the days

- 3 = nearly everyday

- 3. Worrying too much about different things?

- 0 = not at all

- 1 = several days

- 2 = more than half the days

- 3 = nearly everyday

- 4. Trouble relaxing?

- 0 = not at all

- 1 = several days

- 2 = more than half the days

- 3 = nearly everyday

- 5. Being so restless that it is hard to sit still?

- 0 = not at all

- 1 = several days

- 2 = more than half the days

- 3 = nearly everyday

GAD-7

- GAD-7 Questionnaire
-
-
- 6. Becoming easily annoyed or irritable?
- 0 = not at all
- 1 = several days
- 2 = more than half the days
- 3 = nearly everyday
-
- 7. Feeling afraid as if something awful might happen?
- 0 = not at all
- 1 = several days
- 2 = more than half the days
- 3 = nearly everyday
-
- If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
-
- ___Not difficult at all ___Somewhat difficult ___Very difficult ___Extremely difficult
-
- Scoring: Add the results for question number one through seven to get a total score.
-
- 10 or higher = significant anxiety 15 or greater = severe anxiety

Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

| | During the Past Week | | | |
|--|---|---|--|------------------------------------|
| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) |
| 1. I was bothered by things that usually don't bother me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I did not feel like eating; my appetite was poor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I felt that I could not shake off the blues even with help from my family or friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I felt I was just as good as other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I had trouble keeping my mind on what I was doing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I felt depressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I felt that everything I did was an effort. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt hopeful about the future. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I thought my life had been a failure. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I felt fearful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My sleep was restless. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I was happy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I talked less than usual. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I felt lonely. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. People were unfriendly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I enjoyed life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I had crying spells. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I felt sad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I felt that people dislike me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I could not get "going." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.