

Instruments for Anxiety Screening

5-item Screen for Child Anxiety Related Emotional Disorders (SCARED)¹

5-item SCARED	
1	I get really frightened for no reason at all.
2	I am afraid to be alone in the house.
3	People tell me that I worry too much.
4	I am scared to go to school.
5	I am shy.

Items scored on a scale from 0 to 2. A cutoff of 3 can be used for discriminating anxiety from nonanxiety.

41-item Screen for Child Anxiety Related Emotional Disorders (SCARED)¹

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

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	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.	○	○	○	GD
22. When I get frightened, I sweat a lot.	○	○	○	PN
23. I am a worrier.	○	○	○	GD
24. I get really frightened for no reason at all.	○	○	○	PN
25. I am afraid to be alone in the house.	○	○	○	SP
26. It is hard for me to talk with people I don't know well.	○	○	○	SC
27. When I get frightened, I feel like I am choking.	○	○	○	PN
28. People tell me that I worry too much.	○	○	○	GD
29. I don't like to be away from my family.	○	○	○	SP
30. I am afraid of having anxiety (or panic) attacks.	○	○	○	PN
31. I worry that something bad might happen to my parents.	○	○	○	SP
32. I feel shy with people I don't know well.	○	○	○	SC
33. I worry about what is going to happen in the future.	○	○	○	GD
34. When I get frightened, I feel like throwing up.	○	○	○	PN
35. I worry about how well I do things.	○	○	○	GD
36. I am scared to go to school.	○	○	○	SH
37. I worry about things that have already happened.	○	○	○	GD
38. When I get frightened, I feel dizzy.	○	○	○	PN
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	○	○	○	SC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	○	○	○	SC
41. I am shy.	○	○	○	SC

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. **PN =**

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GD =**

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. **SP =**

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

Instruments for Anxiety Screening

Penn State Worry Questionnaire (PSWQ) ²

1	If I do not have enough time to do everything I do not worry about it.
2	My worries overwhelm me.
3	I do not tend to worry about things.
4	Many situations make me worry.
5	I know I should not worry about things, but I just cannot help it.
6	When I am under pressure, I worry a lot.
7	I am always worrying about something.
8	I find it easy to dismiss worrisome thoughts.
9	As soon as I finish one task, I start to worry about everything else I have to do.
10	I never worry about anything.
11	When there is nothing more I can do about a concern, I do not worry about it more.
12	I have been a worrier all my life.
13	I notice that I have been worrying about things.
14	Once I start worrying, I cannot stop.
15	I worry all the time.
16	I worry about projects until they are all done.

Items rated on a 1-5 point scale.

GDS, GAS- General Depression Scale, General Anxiety Scale³

Item number	Yes/No Items for Anxiety Scale
1	Have you felt keyed up, on edge?
2	Have you been worrying a lot?
3	Have you been irritable?
4	Have you have difficulty relaxing?
5	Have you been sleeping poorly?
6	Have you had headaches or neck aches?
7	Have you had any of the following: trembling, tingling, dizzy spells, sweating, frequency, diarrhea?
8	Have you been worried about your health?
9	Have you had difficulty falling asleep?

Patients with anxiety scores of five have a 50% chance of having a clinically important disturbance.

Instruments for Anxiety Screening

Generalized Anxiety Disorder Scale-7 items (GAD-7)⁴

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the 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. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score _____ = Add Columns _____ + _____ + _____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Higher scores equal higher levels of anxiety. A score of 10 or greater indicates moderate to severe GAD.

Patient Health Questionnaire for Depression and Anxiety (PHQ-4)⁵

APPENDIX 1. The Four-Item Patient Health Questionnaire (PHQ-4) for Anxiety and Depression				
Over the last 2 weeks, how often have you been bothered by the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3

Instruments for Anxiety Screening

Duke Anxiety-Depression Scale (DUKE-AD)⁶

INSTRUCTIONS:

Here are a number of questions about your health and feelings. Please read each question carefully and check (✓) your best answer. You should answer the questions in your own way. There are no right or wrong answers.

	Yes, describes me exactly	Somewhat describes me	No, doesn't describe me at all
1. I give up too easily	_____ 2	_____ 1	_____ 0
2. I have difficulty concentrating	_____ 2	_____ 1	_____ 0
3. I am comfortable being around people	_____ 0	_____ 1	_____ 2

DURING THE PAST WEEK:

How much trouble have you had with:

	None	Some	A Lot
4. Sleeping	_____ 0	_____ 1	_____ 2
5. Getting tired easily	_____ 0	_____ 1	_____ 2
6. Feeling depressed or sad	_____ 0	_____ 1	_____ 2
7. Nervousness	_____ 0	_____ 1	_____ 2

HOW TO SCORE

1. Add the scores next to each of the blanks you checked.
2. If your total score is 5 or greater, then your symptoms of anxiety and/or depression may be excessive.

(For exact scoring, multiply the total score by 7.143 to obtain the DUKE-AD score on a scale of 0 for lowest to 100 for highest symptom level.)

2 Screening Questions ⁷

A screening question for anxiety which asked: “during the past month have you been worrying a lot about everyday problems?” If patients answered yes, they were then asked to complete a second question: “is this something with which you would like help?” with three possible answers: “no,” “yes, but not today,” or “yes.”

Instruments for Anxiety Screening

Edinburgh Postnatal Depression Scale (EPDS)⁸

Please answer the following 10 questions. In the past 7 days:

1	I have been able to laugh and see the funny side of things	a. As much as I always could b. Not quite so much now c. Definitely not so much now d. Not at all
2	I have looked forward with enjoyment to things	a. As much as I ever did b. Rather less than I used to c. Definitely less than I used to d. Hardly at all
3	I have blamed myself unnecessarily when things went wrong	a. Yes, most of the time b. Yes, some of the time c. Not very often d. No, never
4	I have been anxious or worried for no good reason	a. No, not at all b. Hardly, ever c. Yes, sometimes d. Yes, very often
5	I have felt scared or panicky for no good reason	a. Yes, quite a lot b. Yes, sometimes c. No, not much d. No, not at all
6	Things have been getting on top of me	a. Yes, most of the time I haven't been able to cope at all b. Yes, sometimes I haven't been coping as well as usual c. No, most of the time I have coped quite well d. No, I been coping as well as ever
7	I have been so unhappy that I have had difficulty sleeping	a. Yes, most of the time b. Yes, some of the time c. Not very often d. No, not at all
8	I have felt sad or miserable	a. Yes, most of the time b. Yes, some of the time c. Not very often d. No, not at all
9	I have been so unhappy that I have been crying	a. Yes, most of the time b. Yes, quite often c. Only occasionally d. No, never
10	The thought of harming myself has occurred to me	a. Yes, quite often b. Sometimes c. Hardly ever d. Never

Points are assigned to each response with questions 1, 2 and 4 scored as 0, 1, 2, 3 points for a, b, c, d; questions 3 and 5-10 are scored in reverse order. Cutpoints of 10 and 13 are often used for depression.

Edinburgh Postnatal Depression Scale for Anxiety (EPDS-3A)⁹

3 items derived from the EPDS that have consistently been found to load on an anxiety factor include: 1) "I have blamed myself unnecessarily when things went wrong," 2) "I have been anxious or worried for no good reason," and 3) "I have felt scared or panicky for no very good reason." Each item has 4 response options. Total scores on the anxiety subscale range from 0-9, with higher scores indicating increasing anxiety.

Instruments for Anxiety Screening

Hospital Anxiety and Depression Sub scale (HADS-A)¹⁰

1	I feel tense or 'wound up':	Most of the time A lot of the time From time to time, occasionally Not at all
2	I get a sort of frightened feeling as if something awful is about to happen:	Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Hardly at all
3	Worrying thoughts go through my mind:	A great deal of the time A lot of the time From time to time but not too often Only occasionally
4	I can sit at ease and feel relaxed:	Definitely Usually Not often Not at all
5	I get sort of frightened feeling like 'butterflies' in the stomach:	Not at all Occasionally Quite often Very often
6	I feel restless as if I have to be on the move:	Very much indeed Quite a lot Not very much Not at all
7	I get sudden feelings of panic:	Very often indeed Quite often Not very often Not at all

These questions are only the anxiety related questions from HADS. Questions 1, 2, 3, 6, and 7 are scored with the top answer as 3, 2, 1, 0. Question 4 and 5 are reversed scored (0,1, 2, 3).

Instruments for Anxiety Screening

Pregnancy-Related Thoughts (PRT)¹¹

1	I am confident of having a normal childbirth.
2	I think my labor and delivery will go normally.
3	I have a lot of fear regarding the health of my baby.
4	I am worried that the baby could be abnormal.
5	I am afraid that I will be harmed during delivery.
6	I am concerned (worried) about how the baby is growing and developing inside me.
7	I am concerned (worried) about losing the baby.
8	I am concerned (worried) about having a hard or difficult labor or delivery.
9	I am concerned (worried) about taking care of a new baby.
10	I am concerned (worried) about developing medical problems during my pregnancy.

Responses to the scale ranged from 1 (never or not at all) to 4 (a lot of the time or very much). The total score range is from 10 to 40 with higher scores indicating increasing anxiety.

Matthey Generic Mood Question (MGMQ)¹²

1 question: In the last 2 weeks have you felt very stressed, anxious or unhappy, or found it difficult to cope, for some of the time? Response options are "Yes," "Possibly," or "No." Follow-up question for those answering "Yes" or "Possibly" of: How bothered have you been by these feelings? Response options are "Not at all," "A little bit," "Moderately," or "A lot."

Instruments for Anxiety Screening

HADS (Hospital Anxiety and Depression Scale) ¹⁰

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			I feel as if I am slowed down:
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			I get a sort of frightened feeling like 'butterflies' in the stomach:
0		Definitely as much	0		Not at all
1		Not quite so much	1		Occasionally
2		Only a little	2		Quite Often
3		Hardly at all	3		Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			I have lost interest in my appearance:
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			I feel restless as I have to be on the move:
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			I look forward with enjoyment to things:
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			I get sudden feelings of panic:
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			I can enjoy a good book or radio or TV program:
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Please check you have answered all the questions

Scoring:

Total score: Depression (D) _____ Anxiety (A) _____

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

Instruments for Anxiety Screening

References

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