Strengths Questions (examples) to promote positive communication and to help build resiliency.

What do you enjoy doing?
How would you describe yourself?
How would your best friend describe you?
What things are you proud of?
What are you good at?
What does others admire about you?
What is something someone said that made you feel really good about yourself?

Resources
www.modernmedicine.com/tag/heaedss-30-and-shadess
ebooks.aapublications.org/content/reaching-teens-strength-based-communication-strategies-to-build-resilience-and-support-healthy-adolescent-development

Quick Depression Screening
Over the past two weeks, have you felt down, depressed, or hopeless?
Over the past two weeks, have you felt little interest or pleasure in doing things?

PHQ-A Depression Screening
In the past 2 weeks have you been bothered by any of the following problems:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable or hopeless?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite, weight loss or overeating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way, *</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total:

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
☐ Yes ☐ No

If you are experiencing any of the problems on this form, 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?

<table>
<thead>
<tr>
<th>Not difficult</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has there been a time in the past month when you have had serious thoughts about ending your life?
☐ Yes ☐ No

Have you EVER in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
☐ Yes ☐ No

http://www.phqscreeners.com/overview.aspx

PHQ-9 Depression Screening Explanation
Scoring: 3-9 mild depression, 10-14 moderate depression, 15 to 19 moderately severe depression 20 and over severe depression
Additional questions are for a global impression but not for scoring
*positive answers to question 9 require further evaluation

http://www.phqscreeners.com/overview.aspx

Strengths of Recommendations
Bold = Good
Italic = Fair
Plain Text = consensus or inconclusive evidence

Major Depressive Disorder, SSRIs and Young Adults
The use of SSRIs in young adults is associated with increased suicidal behaviours.
SSRIs may be used when the benefit outweighs the risk and there is evaluation and close monitoring for adverse effects and suicidal ideation and behaviours.

Quick Anxiety Screening GAD-2
In the past 2 weeks have you been bothered by any of the following problems:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Positive score > 3


Patient Health Questionnaire — GAD-7 Anxiety Screening
In the past 2 weeks have you been bothered by any of the following problems:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble resting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total:

http://www.phqscreeners.com/overview.aspx Available in many languages

GAD-7 Anxiety Screening Explanation
Scoring: 5–9 mild anxiety, 10–14 moderate anxiety, 15 and over – severe anxiety
Further evaluation recommended for a score of 10 or greater

http://www.phqscreeners.com/overview.aspx

Mental Health Resources
www.ementalhealth.ca/
www.camh.ca/en/hospital/health_information/suicideprevention.ca/
www.gaincc.org/GAINSS a short screener for many mental health and psychosocial issues
www.caddra.ca/patient-forms/adults Adult ADHD screening

Risk Factors for young adult suicide
History of previous suicide attempts and self-harm
Family history of suicide
Family violence
History of serious physical or mental illness
Alcohol or drug abuse, including prescription medications
Stressful life event or loss, eg death of a loved one, unemployment
Major life changes or transitions
Feelings of social isolation or lack of support network, including public humiliation or identifying as a minority
ADHD, impulsivity
Easy access to lethal methods including firearms

Suicide Prevention -Crisis Centres
suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre/
suicideprevention.ca/francais/

Poverty Assessment Tool
https://thewellhealth.ca/poverty

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Disclaimer: Given the evolving nature of evidence and changing recommendations, the Greig Health Record is meant to be used as a guide only. Preventive care is delivered both episodically and at dedicated visits. This tool may be used in part or as a whole.