

An Approach to Measuring Behavioral Health Progress and Outcome:  
The “ADD-Functioning” Initiative  
[Anxiety, Depression, Drinking & Functioning]

Overview:

Can behavioral health practitioners get a reading on how much their treatments are helping patients by obtaining behavior numbers, much as primary care physicians use blood values to help decide on a treatment plan?

One way to do this would be to have patients regularly complete behavior measures (i.e., before each session or two), and for the findings to be easily available so that practitioners and patients together can use the results. The scores could be graphed, to show changes over time, or made reference to in progress notes to provide context for treatment decisions. Like lab values that inform physicians about whether prescribed medications are working, these behavior scores would likewise indicate whether psychiatric medications or psychotherapeutic interventions are working or need adjustment. The measures also provide a window into patients’ perceptions of how they are doing. Use of measures to track progress and outcome, which we are proposing here, is not considered a formal psychological testing procedure.

Proposal:

Since depression, anxiety and alcohol problems are the most common adult behavioral health disorders, we propose the use of the PHQ-9 (to track depression), GAD-7 (to track anxiety), and the AUDIT-C (to track hazardous alcohol use). In addition, to track changes in the extent to which symptoms are impacting a person’s life, we propose using the PHQ-Functioning single item, and four items from the MHN post-treatment survey.

We describe the measures on the next page. The measures are all brief and freely available for use by practitioners for non-commercial purposes. We formatted the measures on pages 3 and 4 to show what they look like, but we urge interested practitioners to use the web links provided to download copies.

**PHQ-9:** A nine-item self-report depression measure; scores range from 0-27.

0	No Depression
1-4	Minimal Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

**Reference:** Kroenke et al. (2001). *Journal of General Internal Medicine*, 16, 606-613. Kroenke & Spitzer (2002). *Psychiatric Annals*, 32, 509-515.

**Web Link:** <http://depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

**GAD-7:** A seven-item self-report anxiety measure (for GAD, Panic Disorder, SAD); scores range from 0-21.

0	No Anxiety
1-4	Minimal Anxiety
5-9	Mild Anxiety
10-14	Moderate Anxiety
15-21	Severe Anxiety

**References:** Spitzer et al (2006), *Archives of Internal Medicine*, 166, 1092-1097. Kroenke, et al (2007), *Annals of Internal Medicine*, 146, 317-325.

**Web Link:** <http://www.scopecme.org/resources/tools/GAD7.pdf>

**Audit-C:** A three-item self-report measure of hazardous alcohol use (i.e., risk of being harmed from drinking); scores range from 0-12. Scores >8 = High rates of AUD; scores >5 with a past history of alcohol treatment = High risk of AUD.

0	No Risk
1-3 (males), 1-2 (females)	Low Risk
4-5 (males), 3-5 (females)	At Risk
6-7	High Risk
8-12	Severe Risk

**Reference:** Bush et al. (1998). *Archives of Internal Medicine*, 3, 1789-1795.

**Web Link:** [http://www.cqaimh.org/pdf/tool\\_auditc.pdf](http://www.cqaimh.org/pdf/tool_auditc.pdf)

**PHQ-Functioning:** A one-item self-report measure of symptom-caused interferences in functioning; ratings are: Not Difficult At All, Somewhat Difficult, Very Difficult, Extremely Difficult.

**Web Link:** <http://depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/> [see item #10]

**MHN Tool:** A four-item self-report measure of treatment progress. Each item can be rated on an 11-point scale from -5 (Very Much Worse), through 0 (No Change), to +5 (Very Greatly Improved).

<b>GAD-7</b>					
<b>Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle to indicate your answer)</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Row Total</b>
1. Feeling nervous, anxious, on edge	0	1	2	3	
2. Not being able to stop or to 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	
					<b>Total Score</b>
<b>PHQ-9</b>					
<b>Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle to indicate your answer)</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Row Total</b>
1. Little interest or pleasure in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. Poor appetite or overeating	0	1	2	3	
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3	
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3	
					<b>Total Score</b>

<b>AUDIT-C</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Please answer the following three questions. The timeframe is since the last session.</b> (Circle to indicate your answer)					
1. How often did you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	1 or 2	3 or 5	5 or 6	7 to 9	10 or more
3. How often did you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
					Total Score

<b>Functioning</b>				
<b>If you checked <u>any</u> problems on this questionnaire, 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?</b> (Circle to indicate your answer)	Not difficult at all	Somewhat Difficult	Very Difficult	Extremely Difficult

<b>MHN Tool</b>	<b>-5</b>	<b>-4</b>	<b>-3</b>	<b>-2</b>	<b>-1</b>	<b>0</b>	<b>+1</b>	<b>+2</b>	<b>+3</b>	<b>+4</b>	<b>+5</b>
<b>Please answer the following four questions.</b> (Circle to indicate your answer)	<b>Very Much Worse</b>					<b>No Change</b>					<b>Very Greatly Improved</b>
1. How much has the problem for which you sought treatment been resolved?	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
2. Rate any changes in how well you are doing in your job since you started treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
3. Rate any changes in how well you are doing in your marital/family relationships since you started treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
4. Rate any changes in your general happiness & well-being since you started treatment.	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5