

# Behavioral Health Screening Tools

Includes the AUDIT-C, PHQ-2, PHQ-9, 10-Question Audit and Scoring Sheet for use by primary care physicians in screening for alcohol misuse and depression.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## AUDIT-C

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|  |       |                      |                        |                       |                           |
|--|-------|----------------------|------------------------|-----------------------|---------------------------|
| <b>How often do you have a drink of alcohol?</b><br>(Circle your answer)                                 | Never | Monthly<br>or Less   | 2-4 times<br>per month | 2-3 times<br>per week | 4 or more<br>times a week |
| <b>How many standard drinks containing alcohol do you have on a typical day?</b><br>(Circle your answer) | 1-2   | 3-4                  | 5-6                    | 7-9                   | 10 or more                |
| <b>How often do you have 6 or more drinks on one occasion?</b><br>(Circle your answer)                   | Never | Less than<br>Monthly | Monthly                | Weekly                | Daily or<br>Almost Daily  |

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**Score** (See Scoring Sheet)

AUDIT-C:

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## PHQ-2

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**  
(Circle your answer)

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|  |            |              |                            |                     |
|--|------------|--------------|----------------------------|---------------------|
| <b>Little interest or pleasure in doing things</b> | Not at All | Several Days | More than<br>Half the Days | Nearly Every<br>Day |
| <b>Feeling down, depressed or hopeless</b>         | Not at All | Several Days | More than<br>Half the Days | Nearly Every<br>Day |

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**Score** (See Scoring Sheet)

PHQ-2:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 10 Question Audit (AUDIT)

|  |       |                   |                               |                    |                           |
|--|-------|-------------------|-------------------------------|--------------------|---------------------------|
| <b>How often do you have a drink of alcohol?</b>   | Never | Monthly or Less   | 2-4 times per month           | 2-3 times per week | 4 or more times a week    |
| <b>How many standard drinks containing alcohol do you have on a typical day?</b>   | 1-2   | 3-4               | 5-6                           | 7-9                | 10 or more                |
| <b>How often do you have 6 or more drinks on one occasion?</b>   | Never | Less than Monthly | Monthly                       | Weekly             | Daily or Almost Daily     |
| <b>How often during the last year have you found that you were not able to stop drinking once you had started?</b>                       | Never | Less than Monthly | Monthly                       | Weekly             | Daily or Almost Daily     |
| <b>How often during the last year have you failed to do what was normally expected of you because of drinking?</b>                       | Never | Less than Monthly | Monthly                       | Weekly             | Daily or Almost Daily     |
| <b>How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</b> | Never | Less than Monthly | Monthly                       | Weekly             | Daily or Almost Daily     |
| <b>How often during the last year have you had a feeling of guilt or remorse after drinking?</b>   | Never | Less than Monthly | Monthly                       | Weekly             | Daily or Almost Daily     |
| <b>How often during the last year have you been unable to remember what happened the night before because of your drinking?</b>          | Never | Less than Monthly | Monthly                       | Weekly             | Daily or Almost Daily     |
| <b>Have you or someone else been injured because of your drinking?</b>   | No    |                   | Yes, but not in the last year |                    | Yes, during the last year |
| <b>Has a relative, friend, doctor or other healthcare worker been concerned about your drinking of suggested you cut down?</b>           | No    |                   | Yes, but not in the last year |                    | Yes, during the last year |

**Score** (See Scoring Sheet)

10 Question AUDIT:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PHQ-9

Over the past 2 weeks, how often have you been bothered by any of the following problems?

(Circle your answer)

|  |            |              |                         |                  |
|--|------------|--------------|-------------------------|------------------|
| <b>Little interest or pleasure in doing things</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Feeling down, depressed or hopeless</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Trouble falling or staying asleep, or sleeping too much</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Feeling tired or having little energy</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Poor appetite or over eating</b>  | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Feeling bad about yourself or that you are a failure or have let yourself or your family down</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Trouble concentrating on things, such as reading the newspaper or watching TV</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Moving or speaking so slowly that other people could have noticed. Or the opposite of being so fidgety or restless that you have been moving around a lot more than usual</b> | Not at All | Several Days | More than Half the Days | Nearly Every Day |
| <b>Thoughts that you would be better off dead or of hurting yourself</b>   | Not at All | Several Days | More than Half the Days | Nearly Every Day |

**Score** (See Scoring Sheet)

PHQ-9:

# Scoring Sheet

## PHQ-2 & PHQ-9

|                         |   |
|-------------------------|---|
| Not at All              | 0 |
| Several Days            | 1 |
| More than Half the Days | 2 |
| Nearly Every Day        | 3 |

## PHQ-2

A score of 3 or higher on the PHQ-2 indicates the need to administer the PHQ-9

## PHQ-9

|                            |                                     |
|----------------------------|-------------------------------------|
| 1-4: Minimal Depression    | 15-19: Moderately Severe Depression |
| 5-9: Mild Depression       |                                     |
| 10-14: Moderate Depression | 20-21: Severe Depression            |

## AUDIT & AUDIT-C

|                         |   |
|-------------------------|---|
| Not at All              | 0 |
| Several Days            | 1 |
| More than Half the Days | 2 |
| Nearly Every Day        | 3 |

## AUDIT-C

A score of 1 or more on questions 2 & 3 indicate a need to perform the 10 question AUDIT

## AUDIT

A score of 1 or more on questions 4, 5 or 6 imply alcohol dependence

A score of 1 or more on questions 7-10 indicates alcohol harm exists

Total scores between 8-15 indicate a need for advice on reducing hazardous alcohol use

Total scores between 16-19 suggest brief counseling and monitoring

Total scores of 20+ warrant further diagnostic for alcohol dependence