

Table 1. Screening Questions for Mental Health Disorders Associated With Chronic Pain

Diagnosis	Screening Questions
Major Depressive Disorder	<p>Over the past 2 weeks, have you been bothered by any of the following problems?</p> <ul style="list-style-type: none"> • Little interest or pleasure in doing things • Feeling down, depressed, or hopeless • Trouble falling or staying asleep or sleeping too much • Feeling tired or having little energy • Poor appetite or overeating • Feeling bad about yourself—or feeling that you are a failure or let your family down • Trouble concentrating on things such as reading the newspaper or watching TV • 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 • Thoughts that you would be better off dead or of hurting yourself in some way
Generalized Anxiety Disorder	<ol style="list-style-type: none"> 1. Are you troubled by the following? <ul style="list-style-type: none"> • Excessive worry, occurring more days than not, for at least 6 months • Unreasonable worry about events, activities, or your health • The inability to control the worry 2. Are you bothered by at least 3 of the following? <ul style="list-style-type: none"> • Restlessness, feeling keyed-up, or on edge • Being easily tired • Problems concentrating • Irritability • Muscle tension • Trouble falling or staying asleep, or restless and unsatisfying sleep • Your anxiety interfering with your daily life
Post-traumatic Stress Disorder	<ol style="list-style-type: none"> 1. Are you troubled by the following? <ul style="list-style-type: none"> • You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror 2. Do you re-experience the event in at least 1 of the following ways? <ul style="list-style-type: none"> • Repeated distressing memories or dreams • Acting or feeling as if the event were happening again • Intense physical and/or emotional distress when you are exposed to things that remind you of the event 3. Do reminders of the event affect you in at least 3 of the following ways? <ul style="list-style-type: none"> • Avoiding thoughts, feelings, or conversations about it • Avoiding activities and places or people who remind you of it • Blanking on important parts of it • Losing interest in significant activities of your life • Feeling detached from other people • Feeling your range of emotions is restricted • Sensing that your future has shrunk 4. Are you troubled by at least 2 of the following? <ul style="list-style-type: none"> • Problems sleeping • Irritability or outbursts of anger • Problems concentrating • Feeling on guard • An exaggerated startle response

Source: Anxiety and Depression Association of America. *Screenings for Depression, Anxiety, and PTSD*. Available at: <http://www.adaa.org/>. Accessed June 2, 2015.