Name: DOB: Number: Date:

Patient Stress Survey (PSS)

Shaded boxes to be filled out by staff only

		Over the last 2 weeks, how often have you been bothered by the following problems?	**0 Days**	**Several Days**	**Over Half of Days**	**Nearly Every Day**	***SCORE***	***NOTES***
A	1	Little interest in doing things	0	1	2	3		
	2	Feeling down, depressed, or hopeless	0	1	2	3		
B	3	Feeling nervous, anxious, or on edge	0	1	2	3		
	4	Not being able to stop or control worrying	0	1	2	3		
		In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:						
C	5	Had nightmares about it or thought about it when you did not want to?			Y	N		
	6	Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?			Y	N		
	7	Were constantly on guard, watchful, or easily startled?			Y	N		
	8	Felt numb or detached from others' activities or your surroundings?			Y	N		
		In the last 6 months:						
D	9	Do you usually act first and then think? *(e.g., blurting things out, spending too much money, or being impatient)*			Y	N		
	10	Do you usually feel restless? *(e.g., nervous, difficulty sitting still, fidgeting, a lot of exercising or being active)*			Y	N		
	11	Do you usually have concentration problems? *(e.g., being easily distracted, not finishing things, being easily bored, forgetful, or chaotic)*			Y	N		
	12	Have you always had this? *(e.g., as long as you can remember, or have you been like this most of your life)*			Y	N		
		In the last year:						
E	13	Avoided social situations for fear that attention might be on you?			Y	N		
	14	Been fearful or embarassed being watched, being the focus of attention, or fearful of being humiliated?			Y	N		
F	15	Avoided public places from which a quick escape may be difficult, or do you endure this with clear suffering or anxiety?			Y	N		
G	16	Had recurrent thoughts, impulses, or images that are unwanted, distasteful, inappropriate, intrusive, or distressing?			Y	N		
H	17	Do you fear or avoid certain things more than most people do?			Y	N		
	18	Are you scared of specific animals, medical issues or situations?			Y	N		
I	19	Had recurrent and unexpected panics attacks *(Abrupt surges of intense fear or discomfort reaching a peak within minutes. Related symptoms include accelerated heart rate or pounding heart beats, chest pain, sweating, trembling, shortness of breath, a choking sensation, nausea, dizziness or light-headedness, numbness, chills or heat, a feeling of being detached from one's self, fear of losing control, or fear of dying.)*			Y	N		
J	20	Are you a person who frequently experiences ups and downs in mood over the course of your life?			Y	N		
	21	Do these mood swings occur without cause?			Y	N		
K	22	Have you ever drunk or used drugs more than you meant to?			Y	N		
	23	Have you felt you wanted or needed to cut down on your drinking or drug use?			Y	N		
L	24	Have you recently seriously considered harming yourself or taking your own life? *(if so, please inform your doctor or trusted loved one)*			Y	N		

Version 1.0, 1/1/17. Form developed by Stephen B. Moss PhD and provided by: The Moss Group, Mental Health Services, Bedford MA, (978) 835-5000, MossGroupInc.com
If you have any feedback or information that you believe would be helpful to the future development of the Patient Stress Survey (PSS), please forward it to drmoss@mossgroupinc.com

Patient Stress Survey (PSS)

The Patient Stress Survey (PSS) on the reverse side is a 24-item behavioral health screening tool that is a collection of twelve (12) separate "ultrabrief" screening tools. They each provide a preliminary mental health or addiction diagnosis. These tools, used alone or collectively within the PSS, provide you or your organization with an opportunity to efficiently identify potential behavioral health problems.

Those scoring positive on any disorder should complete a more substantive screening tool to further validate the preliminary diagnosis. Below you will find short descriptive information on each disorder. You will also find the criteria for a positive score and the name of a well-respected screening tool for that disorder. Links to access these screening tools can be found online at ***MossGroupInc.com/PSS***.

Stephen B. Moss, PhD
The Moss Group

Scoring and Validating Preliminary Diagnoses

Version 1.0, 1/1/17

Below is information to score and validate the preliminary diagnoses produced by responses to the questions on the reverse side. Many of these tools offer a recommended "cut score" to determine a probable diagnosis. (One can enhance sensitivity by increasing the cut score (e.g. "2" to "3) and thereby increase "true positives." Similarly, one can enhance selectivity by decreasing the cut score to decrease "false positives.")

A. Depression

The *PHQ-2* is an ultrabrief screening tool that provides a preliminary diagnosis of depression. It is comprised of the first 2 items of the nationally recognized *PHQ-9*. Those scoring 3 or above should be further evaluated with the *PHQ-9*.

http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf

B. Anxiety

The *GAD-2* is an ultrabrief screening tool that provides a preliminary diagnosis of anxiety. It is comprised of the first 2 items of the nationally recognized *GAD-7*. Those scoring 3 or above should be further evaluated with the *GAD-7*.

http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf

C. Post Traumatic Stress Disorder (PTSD)

The Primary Care PTSD Screen (*PC-PTSD*) is a 4-item ultrabrief screening tool that provides a preliminary diagnosis of post traumatic stress disorder. Those who answer "yes" to 3 or more questions should be further evaluated with the *PTSD CheckList – Civilian Version (PCL-C)*.

http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf

D. Attention Deficit or Hyperactivity Disorder (Adult)

The Adult ADHD Mini Screen is a 4-item ultrabrief screening tool to identify a preliminary diagnosis of ADHD. Those who answer "yes" to 3 or more questions should be further evaluated with the *Adult ADHD Self-Report Scale ASRS-v1.1)*.

https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf

E. Social Anxiety

This 2-item ultrabrief screening tool provides a preliminary diagnosis of social anxiety. If one reports "yes" on one or more items, they should be further evaluated with the *Social Interaction Anxiety Scale*.

https://www.patrickbarta.com/_media/practice/s_social.pdf

F. Agoraphobia

This item is an ultrabrief screening tool that provides a preliminary diagnosis of agoraphobia. If one reports "yes" on this single item, they should be further evaluated with the *Ost Agoraphobia Scale*.

http://goodmedicine.org.uk/files/panic,%20assessment%20agoraphobia,%20tahoma.DOC

G. Obsessive-Compulsive Disorder (OCD)

This item is an ultrabrief screening tool that provides a preliminary diagnosis of OCD. If one reports "yes" on this single item, they should be further evaluated with the *Obsessive-Compulsive Inventory – Revised (OCI-R)*.

http://caleblack.com/psy4960_files/OCI-R.pdf

H. Specific Phobia

This 2-item ultrabrief screening tool provides a preliminary diagnosis of a specific phobia. If one reports "yes" on one or more items, they should be further evaluated with the *APA Severity Measure for Specific Phobia – Adult*.

https://www.patrickbarta.com/_media/practice/s_phobia.pdf

I. Panic Disorder

This item is an ultrabrief screening tool that provides a preliminary diagnosis of Panic Disorder. If one reports "yes" on this single item, they should be further evaluated with the *Panic Disorder Severity Scale – Self-Report Form*.

https://www.outcometracker.org/library/PDSS.pdf

J. Bipolar Disorder

This 2-item ultrabrief screening tool provides a preliminary diagnosis of a bipolar disorder. If one reports "yes" on one or more items, they should be further evaluated with the *Mood Disorder Questionnaire MDQ*.

http://www.cqaimh.org/pdf/tool_mdq.pdf

K. Alcohol and/or Drug Problem

This 2-item *TICS* scale is an ultrabrief screening tool that provides a preliminary diagnosis of a substance use disorder. If one reports "yes" on either of the two items, they should be further evaluated with the *DAST-10* for drugs and/or the *Audit* for alcohol.

a) Drugs: https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf
b) Alcohol: http://www.drugs.ie/NDRICdocs/protocol1/templates/AUDIT.pdf

L. Suicidal Danger

This item is an ultrabrief screening tool that provides a preliminary indication of suicidal danger. If one reports "yes" on this item, this response should lead to immediate clinical follow-up with the *Columbia Suicide Severity Rating Scale*.

http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf

Links to well-respected behavioral health screening tools to further validate these preliminary diagnoses are at *MossGroupInc.com/PSS*

If you have any feedback or information that you believe would be helpful to its future development, please forward it to drmoss@mossgroupinc.com. Thank you.