Anxiety is a sense of uneasiness, nervousness, worry, fear or dread in response to a stressor or situation. Anxiety becomes a disorder when it causes significant changes in functioning (sleep, body sensations, social interactions), often leading to avoidant behaviors (selective mutism, school refusal, poor concentration).

**ASSESSMENT**

Perform a history and physical exam (HPE) as part of a routine screening for depression and anxiety and when there are concerns for mental health.

**History and Physical Exam**

You may observe:
- Avoidant eye contact; elevated heart rate and blood pressure
- Blushing, stammering, sweating, gastrointestinal symptoms, freezing, stiffening
- Dysregulated behavior: distracting hyperactivity, emotional lability, restlessness, irritability, aggression, elopement

Other diagnostic features of common pediatric anxiety disorders include inconsolable distress when away from attachment figure, fear of negative judgement or ridicule, specific phobias (needles, animals, etc.) and vomiting.

Sleep disturbances, daytime energy, school attendance, body sensations and concentration are often negatively impacted by excessive worries. Get specific details of functioning.

**Self-Report Screening Tools**

Recommended for youth ages 8 years and older who do NOT show obvious signs or verbally endorse having a problem with anxiety. If a general screening tool indicates risk is present, proceed with a targeted screen below. Alternatively, go straight to a targeted screen when possible/appropriate. See scoring values on next page.

**General Screening Tools to Identify Risk:**
- Generalized Anxiety Disorder (GAD)-2
- NIHQC Vanderbilt Assessment anxiety-related questions—Parent questions: #41, 42, 47; teacher questions #29–31
- Pediatric Symptom Checklist (PSC)—Internalizing Sub-Scale
- Strength and Difficulties Questionnaire (SDQ)—Emotional Symptoms Sub-Scale
- SCARED (Screen for Childhood Anxiety-Related Disorders)-5

**Targeted Screens:**

If screen(s) indicate a risk, provide a targeted screen:
- GAD-7 for ages 12+ years
- SCARED for ages 8–17 years

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

- Disordered eating patterns
- Psychosis
- Repetitive thoughts or behaviors (autism spectrum disorder, OCD, Tourette’s disorder)
- Repeated substance use
- Suicidality or self-injurious behaviors

For urgent issues, call 24/7 the Psychiatric Intake Response Center (PIRC) at 513-636-4124 (crises) or Physician Priority Link® at 513-987-7997 (same-day medical or diagnostic consultation).

For information about management/treatment and referral guidance, refer to the companion Community Practice Support Tool, Anxiety Disorder—Management.
Anxiety Disorder—Assessment

PCPs can help identify, explain and initiate needed evidence-based interventions early in the course of anxiety disorders. Treatment reduces impairments and promotes healthy social-emotional functioning and development.

**Patient Presents**

**History and Physical Exam**

Perform a history and physical exam (HPE) as part of a routine screening for depression and anxiety and when there are concerns for mental health.

**Look for:**
- Avoidant eye contact; elevated heart rate and blood pressure
- Blushing, stammering, sweating, gastrointestinal symptoms, freezing or stiffening
- Dysregulated behavior—Distracting hyperactivity, emotional lability, restlessness, irritability, aggression, elopement

**Ask parent or child about functional impairments, often related to excessive worry. These may include:**
- Daytime fatigue
- Exaggerated stress response
- Frequent somatic complaints
- School avoidance
- Sleep difficulties

**Other diagnostic features of common pediatric anxiety disorders include:**
- Inconsolable distress when away from attachment figure
- Fear of negative judgement or ridicule
- Specific phobias (needles, animals)
- Vomiting

**Use These Widely Available Screening Tools to Identify Risk**

**General Screening Tools:**
- Generalized Anxiety Disorder (GAD)-2
  - Ranked 0–2, score 3+
- NIHCQ Vanderbilt Assessment anxiety-related questions
  - Score of 2–3 for parent questions (#41, 42, 47) and for teacher questions (#29–31)
- Pediatric Symptom Checklist (PSC) Internalizing Sub-Scale
  - PSC-35 item, ages 6–17 years
    - Ranked 0–2; score of 28+ (for Mexican-American, consider cutoff score 12+)
    - PSC-35 Internalizing Sub-Scale (score 5+)
- Strength and Difficulties Questionnaire (SDQ) Emotional Symptoms Sub-Scale
- SCARED (Screen for Childhood Anxiety-Related Disorders)-5
  - Ranked 0–2, score 3+

**Targeted Screens:**
If screen(s) indicate a risk, provide a targeted screen:
- GAD-7 for ages 12+ years
  - Ranked 0–3, score 10+
- SCARED for ages 8–17 years
  - Ranked 0–2, score 25+

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

**Indicating Psychiatric Consultation or Referral**

- Disordered eating patterns
- Psychosis
- Repetitive thoughts or behaviors (autism spectrum disorder, OCD, Tourette’s disorder)
- Substance use
- Suicidality or self-injurious behaviors

For treatment information, refer to the companion Community Practice Support Tool, Anxiety Disorder—Management.

For urgent issues, call 24/7 the Psychiatric Intake Response Center (PIRC) at 513-636-4124 (crises) or Physician Priority Link® at 513-987-7997 (same-day medical or diagnostic consultation).