

## QS-20 User's Guide

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### Overview

The **Shedler Quick Screen-20 (QS-20)** is a 20 item screening test that can be self-administered in a minute or two. The test contains a 10 item depression scale, a 10 item anxiety scale, and a Global Severity Index (GSI) based on all 20 items. All items use a True/False response format, designed to simplify test administration and minimize response time. The items are a subset of the items contained in the *Shedler QPD Panel* and have undergone extensive testing for both physician and patient acceptance<sup>1,2</sup>. Readability of the test items is at or below the 6<sup>th</sup> grade level. The items comprising the QS-20 depression and anxiety scales are reproduced in Tables 1 and 2 below.

### Reliability and Validity

QS-20 scale scores were validated against the *QPD Panel* Depression and Anxiety scales in a community sample of N=475 respondents. The *QPD Panel* scales have demonstrated strong validity in medical settings<sup>1,2</sup>. The cross-validated correlation between the QS-20 depression scale and the full *QPD Panel* depression scale is .91. The cross-validated correlation between the QS-20 anxiety scale and the full *QPD Panel* anxiety scale is .90. Additionally, the QS-20 depression scale correlated highly with the Hamilton Depression Inventory ( $r=.84$ ) in a mental health sample of N=172 respondents<sup>3</sup>. These correlations are statistically significant ( $ps<.0001$ ) and near the theoretical maximums permitted by the scale reliabilities, indicating strong convergent validity.

Reliabilities (coefficient Alpha) for the QS-20 depression, anxiety, and GSI scales are .77, .73, and .84, respectively.

### Norms and Cut-Points

Population norms were established in a community sample of N=475 respondents, 69.3% male and 30.7% female. Prevalence rates for psychiatric disorders in the normative sample were comparable to prevalence rates in the U.S. population. Because we observed no significant differences between male and female respondents, the QS-20 uses the same population norms for males and females.

Raw scale scores are computed by summing True responses to the relevant scale items. The raw scores may range from 0–10 for the Depression and Anxiety scales, and 0-20 for the GSI scale. Test results are reported in the form of t-scores (mean=50, standard deviation=10) and percentile scores.

The criterion for “caseness” may be established by the test user depending on the requirements of the screening situation. The default criterion for “caseness” is a t-score of 60 or higher (one standard deviation above the mean, or 84<sup>th</sup> percentile) on any QS-20 scales (depression, anxiety, or GSI). When the criterion for caseness is met and the patient also reports suicidal ideation, the words “SUICIDAL IDEATION” will appear on the report.

### **Diagnostic Decision Guidelines**

If depression t-score is  $\geq 60$ , consider mood disorder

If anxiety t-score is  $\geq 60$ , consider anxiety disorder.

If depression t-score is  $\geq 60$  and anxiety t-score is  $\geq 60$ , consider mood disorder with anxiety symptoms.

If anxiety t-score is  $\geq 60$  and item 20 is endorsed (“I have panic attacks where I suddenly become frightened or anxious, and suddenly develop a lot of physical symptoms”), consider panic disorder.

### **Disclaimer**

The results of the QS-20 are not and should not be considered to be a diagnosis. Rather, such results are only one factor to be evaluated by a trained healthcare professional, in his or her expert judgment, in making a decision about a diagnosis or deciding on a course of treatment of any individual screened using the QS-20. A lack of information or indications from the QS-20 should not be construed as an indication or proof that any condition is not present. Further or additional tests, information and investigation may be necessary or advisable to confirm or disaffirm any preliminary information produced by the QS-20.

### **TABLE 1. QS-20 Depression Items**

- I feel sad or depressed.
- I find little or no interest or pleasure in my daily activities.
- I don't get any real satisfaction out of anything anymore.
- I feel I have nothing to look forward to in life.
- I have trouble falling asleep or staying asleep.
- I just can't seem to get myself “going.”
- I feel tired or fatigued most of the time.
- I feel I cannot think or concentrate as well as I used to.
- I feel like a failure.
- I think about killing myself.

## TABLE 2. QS-20 Anxiety Items

I often feel nervous for no good reason.  
I worry about things that I know are not likely to happen.  
I often worry about things I should not have done or said.  
I sometimes get so anxious that I tremble or shake.  
I worry too long after an embarrassing situation.  
I am usually worried about several things all at once.  
I am easily “rattled” at critical moments.  
My mouth is often dry.  
I often feel dizzy or lightheaded for no good reason.  
I have panic attacks where I suddenly become frightened or anxious, and suddenly develop a lot of physical symptoms.

## References

- <sup>1</sup>Shedler J. The Shedler Quick PsychoDiagnostics Panel (QPD Panel): A psychiatric “lab test” for primary care. In M. Maruish (Ed.), *Handbook of Psychological Assessment in Primary Care Settings*. NY: Erlbaum; 2000.
- <sup>2</sup>Shedler J, Beck A, Bensen S. Practical mental health assessment in primary care: validity and utility of the Quick PsychoDiagnostics Panel. *J Fam Pract*. 2000;49:614-621.
- <sup>3</sup>Reynolds WM & Kobak, KA. *Hamilton Depression Inventory: a self-report version of the Hamilton Depression Rating Scale*. Odessa FL: Psychological Assessment Resources, 1995.