

8-22-16
Paige Hines

* not indicative
of Bipolar
Disorder

MoodCheck

Part A. Please place a check after the statements below that *accurately describe you*.

During times when I am not using drugs or alcohol:	
I notice that my mood and/or energy levels shift drastically from time to time.	
At times, I am moody and/or energy level is very low, and at other times, and very high.	✓
During my "low" phases, I often feel a lack of energy, a need to stay in bed or get extra sleep, and little or no motivation to do things I need to do.	
I often put on weight during these periods.	
During my low phases, I often feel "blue," sad all the time, or depressed.	
Sometimes, during the low phases, I feel helpless or even suicidal.	
During the low phases, my ability to function at work or socially is impaired.	
Typically, the low phases last for a few weeks, but sometimes they last only a few days.	
I also experience a period of "normal" mood in between mood swings, during which my mood and energy level feels "right" and my ability to function is not disturbed.	
I then notice a marked shift or "switch" in the way I feel.	
My energy increases above what is normal for me, and I often get many things done I would not ordinarily be able to do.	
Sometimes during those "high" periods, I feel as if I have too much energy or feel "hyper".	
During these high periods, I may feel irritable, "on edge," or aggressive.	✓
During the high periods, I may take on too many activities at once.	
During the high periods, I may spend money in ways that cause me trouble.	
I may be more talkative, outgoing or sexual during these periods.	
Sometimes, my behavior during the high periods seems strange or annoying to others.	
Sometimes, I get into difficulty with co-workers or police during these high periods.	
Sometimes, I increase my alcohol or nonprescription drug use during the high periods.	
Total	2

Part B. The statements in Part A (not just those checked) describe me (circle one of the answers below):

Not at all (0)	A little (2)	Fairly well (4)	Very well (6)
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Add the number in parentheses in Part B to your checkmark total from Part A. 2

Part C.

Please indicate whether any of your (blood) relatives have had any of these concerns:					
	Grandparents	Parents	Aunts/Uncles	Brothers/Sisters	Children
Suicide	☐	☐	☐	☐	☐
Alcohol/Drug Problems	☐	☒	☐	☐	☐
Mental Hospital	☐	☐	☐	☐	☐
Depression Problems	☐	☒	☐	☐	☐
Manic or Bipolar	☐	☐	☐	☐	☐
Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?					Yes ☐ No ☒
Have you ever attempted suicide?					Yes ☐ No ☒

(please continue with part D, over)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Raige Hunt

DATE: 8-22-16

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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 more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns: 1 + 6 + 6

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL: 13

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	<u>✓</u>
	Very difficult	_____
	Extremely difficult	_____

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY

STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Paige Hines Date 8-22-16
Address _____

R Proxatone 200mg
#30

Sig: Take 1 p.o. qd

Stewart, M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

_____, M.D. or C.R.N.P.

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Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Paige Hines Date 8-22-16
Address _____

R Prednisone 5mg dose
#6 day

Sig: Take as directed

Stewart, M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

_____, M.D. or C.R.N.P.

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Lic. #1-039092
Rx: 0703

Maryluz Fuentes, M.D.
(334) 286-2390
DEA #BF 6451520
AL #24127

Name Paige Hines Date 8-22-16
Address _____

R Azithromycin 250mg
#2 pack

Sig: Take according
to package directions

Stewart, M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

_____, M.D. or C.R.N.P.