

MoodCheck

Angela Russell

1-5-18

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	5

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. _____

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)

not indicated as
Bipolar Disorder

1-5-18

Angela Russell

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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 in some way	0	1	2	3

FOR OFFICE CODING 0 + 2 + 2 + 9

=Total Score: 13

moderate
depression

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 ☐	Very difficult ☐	Extremely difficult ☒
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Patient Name Angela Russell Date 1-5-18

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present 1 = Mild 2 = Moderate 3 = Severe 4 = Very severe.

1 **Anxious mood** 0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability.

2 **Tension** 0 1 2 3 4

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

3 **Fears** 0 1 2 3 4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4 **Insomnia** 0 1 2 3 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

5 **Intellectual** 0 1 2 3 4

Difficulty in concentration, poor memory.

6 **Depressed mood** 0 1 2 3 4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

7 **Somatic (muscular)** 0 1 2 3 4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

8 **Somatic (sensory)** 0 1 2 3 4

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

9 **Cardiovascular symptoms** 0 1 2 3 4

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

10 **Respiratory symptoms** 0 1 2 3 4

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

11 **Gastrointestinal symptoms** 0 1 2 3 4

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

12 **Genitourinary symptoms** 0 1 2 3 4

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

13 **Autonomic symptoms** 0 1 2 3 4

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

14 **Behavior at interview** 0 1 2 3 4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

15

5

2

22

moderate/severe
~~depression~~
anxiety