



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

### Patient Health Questionnaire—9 (PHQ-9)

Over the last **two weeks**, how often have you been bothered by any of the following problems?

	0	1	2	3
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling or staying asleep, or sleeping too much.				
4. Feeling tired or having little energy.				
5. Poor appetite or overeating.				
6. Feeling bad about yourself or thinking you are a failure				
7. Difficulty concentrating or feeling like you can't stay fo-				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless				
9. Thoughts of hurting yourself or thinking you be better off				

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

<p><b>Staff Only</b> PHQ-9 Score _____</p>
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## Generalized Anxiety Disorder 7-item (GAD-7) Scale

Over the last **two weeks**, how often have you been bothered by any of the following problems?

	0	1	2	3
	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Becoming so restless that it's hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

**Staff Only**  
GAD-7 Score \_\_\_\_\_

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



## The Mood Disorder Questionnaire

Instructions: Please answer each question to the best of your ability.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and.....		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...you felt much more self-confident than usual?		
...you got much less sleep than usual and found you didn't really miss it?		
...you were much more talkative or spoke much faster than usual?		
...thoughts raced through your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had much more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...you were much more interested in sex than usual?		
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
...spending money got you or your family in trouble?		
2. If you checked <b>YES</b> to more than one of the above, have several of these ever happened during the same period of time?		
3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
No Problem                  Minor Problem                  Moderate Problem                  Serious Problem		
4. Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?		

<b>Staff Only</b> Mood Score _____
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**BSDS**

1. Please read through the entire passage below before filling in any blanks.

Some individual notice that their mood and/or energy levels shift drastically from time to time.	
These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high.	
During their “low” phases, these individuals often feel a lack of energy; a need to stay in bed and get extra sleep; and little or no motivation to do things they need to do.	
They often put on weight during these periods.	
During their low phases, these individuals often feel “blue”, sad all the time, or depressed.	
Sometimes, during these low phases, they feel hopeless or even suicidal.	
Their ability to function at work or socially is impaired.	
Typically, these low phases last for a few weeks, but sometimes they last only a few days.	
Individuals with this type of pattern may experience a period of “normal” mood in between mood swings, during which their mood and energy level feels “right” and their ability to function is not disturbed.	
They may then notice a marked shift or “switch” in the way they feel.	
Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do.	
Sometimes, during these “high” periods, these individuals feel as if they have too much energy or feel “hyper”.	
Some individuals, during these high periods, may feel irritable, “on edge”, or aggressive.	
Some individuals, during these high periods, take on too many activities at once.	
During these high periods, some individuals may spend money in ways that cause them trouble.	
They may be more talkative, outgoing, or sexual during these periods.	
Sometimes, their behaviors during these high periods seems strange or annoying to others.	
Sometimes, these individuals get into difficulty with co-worker or the police during these high periods.	
Sometimes, they increase their alcohol or non-prescription drug use during these high periods.	

2. Now that you have read this passage, please check one of the following four boxes:

- This story fits me very well, or almost perfectly
- This story fits me fair well
- This story fits me to some degree, but not in most respects
- This story does not really describe me at all

3. Now please go back and put a check after each sentence that definitely describes you.

<p><b>Staff Only</b> BSDS Score _____</p>
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## Jasper / Goldberg Adult ADD Screening Examination — Version 5.0

The items below refer to how you have behaved and felt DURING MOST OF YOUR ADULT LIFE.

If you have usually been one way and recently have changed, your responses should reflect HOW YOU HAVE USUALLY BEEN.

Circle one of the numbers that follows each item using the following scale:

0 = Not at all    1 = Just a little    2 = Somewhat    3 = Moderately    4 = Quite a lot    5 = Very much

	0	1	2	3	4	5
1. At home, work, or school, I find my mind wandering from tasks that are uninteresting or difficult.						
2. I find it difficult to read written material unless it is very interesting or very easy.						
3. Especially in groups, I find it hard to stay focused on what is being said in conversations.						
4. I have a quick temper...a short fuse.						
5. I am irritable, and get upset by minor annoyances.						
6. I say things without thinking, and later regret having said them.						
7. I make quick decisions without thinking enough about their possible bad results.						
8. My relationships with people are made difficult by my tendency to talk first and think later.						
9. My moods have highs and lows.						
10. I have trouble planning in what order to a series of tasks or activities.						
11. I easily become upset.						
12. I seem to be thin skinned and many things upset me.						
13. I almost always am on the go.						
14. I am more comfortable when moving than when sitting still.						
15. In conversations, I start to answer questions before the questions have been fully asked.						
16. I usually work on more than one project at a time, and fail to finish many of them.						
17. There is a lot "static" or "chatter" in my head.						
18. Even when sitting quietly, I am usually moving my hands or feet						
19. In group activities it is hard for me to wait my turn.						
20. My mind gets so cluttered that it is hard for it to function						
21. My thoughts bounce around as if my mind is a pinball machine.						
22. My brain feels as if it is a television set with all the channels going at once.						
23. I am unable to stop daydreaming.						
24. I am distressed by disorganization.						

**Staff Only**  
 Jasper Score \_\_\_\_\_