

PRIMARY CARE PSYCHIATRY INTERVIEW

Instructions: Ask and follow-up on 10 bold questions - *circle possible diagnoses* - use scales on reverse to support most likely diagnosis

Initials	Age	M / F	Problem list
Room	BMI	PHQ-9	Current meds

I understand you have been having a difficult time recently -- Can you tell me more?

MOOD

- 1) Have you been feeling very sad or depressed – and does it interfere with your daily life?** YES / NO / MAYBE
- Has this been for days weeks/months years (*adjustment disorder / depression / dysthymia*)
- Have you been feeling the opposite of sad – talking/thinking fast, not sleeping, with unlimited energy? (*bipolar*) YES / NO / MAYBE
- Does it last for more than 4 days with few problems (*type 2*), or 7 days with major problems (*type 1*)

ANXIETY

- 2) Have you been feeling very worried or anxious – and does it interfere with your daily life?** YES / NO / MAYBE
- Is this almost all of the time (>50%) – about many things and makes you feel worn out? (*generalized*) YES / NO / MAYBE
 - Is it: worst around people? (*social*), away from home? (*agoraphobia*), have obsession/compulsion? (*OCD*) YES / NO / MAYBE
 - Is it unexpected and sudden with racing heart, shortness of breath, sweating, or dizziness? (*panic d/o*) YES / NO / MAYBE
 - Do you ever re-experience trauma through nightmares or flashbacks? (*PTSD*) YES / NO / MAYBE

PSYCHOSIS

- 3) When sober, do you ever hear or see thing that other people do not?** YES / NO / MAYBE
- Do you often have trouble thinking clearly or communicating? (*schizophrenia/affective*) YES / NO / MAYBE
 - Do you have experiences or beliefs that others find strange or hard to believe? (*delusional/schizo-*) YES / NO / MAYBE
 - Does this happen only when you are either very depressed or manic? (*MDD or BPD w/psychosis*) YES / NO / MAYBE

SOMATIC & SUBSTANCE

- 4) Have you been feeling physically ill lately, or dramatically changed your drinking or other drug use?** YES / NO / MAYBE

SUICIDE & HOMICIDE

- 5) Have you recently been having any thoughts about hurting yourself or anyone else? (*S / H ideation*)** YES / NO / MAYBE
- Do you think it is likely that you will do it in the next 24 hours? (*intent*) YES / NO / MAYBE
 - Have you thought about how you would do it? (*plan*), and do you have access to that method? (*means*) YES / NO / MAYBE

MENTAL HEALTH HISTORY

- 6) Have you ever been hospitalized for mental health reasons? When/why:** YES / NO / MAYBE
- 7) Have you ever tried to hurt or kill yourself? When/how:** YES / NO / MAYBE
- 8) Have you ever taken medications for mental health reasons?** YES / NO / MAYBE
- Helpful?
 - Unhelpful-why?
- Have you ever met regularly with a therapist or counselor? YES / NO / MAYBE
- Have you ever had a problem with your relationship with food or your body? (*anorexia / bulimia / binge eating d/o*) YES / NO / MAYBE

FAMILY MENTAL HEALTH & SUBSTANCE HISTORY

- 9) Have any close family members ever had serious difficulties with mental health or substance abuse?** YES / NO / MAYBE
- Suicide, bipolar/schizophrenia, alcohol/drugs: who?

SUBSTANCE USE HISTORY

- 10) Do you or does anyone close to you feel that you have ever had a problem with drugs/alcohol? (*use d/o*)** YES / NO / MAYBE
- When/what?
- Are there any drugs that you have used many times in the past or still do? YES / NO / MAYBE
- What/how much?
- Have you ever been in any legal trouble or treatment related to drugs or alcohol? YES / NO / MAYBE
- What/when?

Most likely diagnoses (with screening scores):

Treatment (bio/psycho/social):