

PRIMARY CARE PSYCHIATRY INTERVIEW

Instructions: Ask and follow-up on 10 bold questions -- circle possible diagnosis -- screen for most likely using validated tools
NOTE: Some clinically important disorders not included are obsessive-compulsive, hoarding, eating, delusional, and somatoform

Name	Age	Problem list
	Room	Current meds

I understand you have been having trouble with (*choose*) sadness/worry/hearing voices/pain/other -- Can you tell me more?

Main stresses: family friends work school housing money health care legal other _____

MOOD: *depressive disorders:* PHQ-9 _____ *bipolar:* MDQ _____

- 1) Have you been feeling very sad or depressed? YES / NO / MAYBE
 • Does this make it hard to function in your daily life? (*mood disorder*) YES / NO / MAYBE
 • Has this been for days weeks/months years (*adjustment/depression/dysthymia*)
- 2) Do you ever feel the opposite of sad – talking/thinking fast, not sleeping, with unlimited energy? (*bipolar*) YES / NO / MAYBE
 • Has it caused major problems in your life at work, school, or home? (*bipolar I vs. II*) YES / NO / MAYBE

ANXIETY: *anxiety disorders:* GAD-7 _____ *posttraumatic stress:* PC-PTSD _____

- 3) Have you been feeling very worried or anxious? YES / NO / MAYBE
 • Does this make it hard to function in your daily life? (*anxiety disorder*) YES / NO / MAYBE
 • Is this almost all of the time (>50%), or do you feel fine much of the time? (*generalized vs. social/OCD*) YES / NO / MAYBE
 • Does it ever get so bad that you feel racing heart, shortness of breath, sweaty, or dizzy? (*panic attack*) YES / NO / MAYBE
 • Does this happen unexpectedly & make you worry about having more attacks? (*panic d/o*) YES / NO / MAYBE
 • Do you ever re-experience trauma through nightmares or flashbacks? (*PTSD*) YES / NO / MAYBE

PSYCHOSIS

- 4) When sober, do you ever hear or see thing that other people do not? (*psychosis/schizophrenia*) YES / NO / MAYBE
 • Do you ever feel that people are out to get you? (*psychosis/schizophrenia*) YES / NO / MAYBE
 • Does this happen only when you are either very depressed/manic or always? (*MDD/BPD vs. schizoaffective*) YES / NO / MAYBE

SUICIDE & HOMICIDE: *suicide risk (demographic):* SPS _____ *suicide risk (behavioral):* SBQ-R _____

- 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 & means*) YES / NO / MAYBE

MENTAL HEALTH HISTORY

- 6) Have you ever been hospitalized for mental health reasons? YES / NO / MAYBE
 • When/why _____
- 7) Have you ever tried to hurt or kill yourself? YES / NO / MAYBE
 • When/how _____
- 8a) Have you even taken medications for depression, anxiety, or other mental health reasons? YES / NO / MAYBE
 • Helpful _____ unhelpful _____
- 8b) Have you ever met regularly with a therapist or counselor? YES / NO / MAYBE
 • When/ was it helpful _____

FAMILY MENTAL HEALTH & SUBSTANCE HISTORY

- 9) Have members of your family ever had serious difficulties with mental health or substance abuse? YES / NO / MAYBE
 • Suicide: who _____ bipolar/schizophrenia: who _____ alcohol/drugs: who _____

SUBSTANCE USE HISTORY: *alcohol:* CAGE _____ *drugs:* DAST-10 _____

- 10a) 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 _____
- 10b) Are there any drugs that you have used many times in the past or still do? (*use d/o -- remission*) YES / NO / MAYBE
 • What/how much _____
- 10c) Have you even been in any legal trouble or treatment related to drugs or alcohol? (*use d/o*) YES / NO / MAYBE
 • What/when _____

Likely diagnosis	Treatment plan
------------------	----------------