

**MAJOR DEPRESSION PHQ-9 → 10 = moderate & 20 = severe**

**EATING DISORDER SCOFF → 2 = likely**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Several days (1)	Most days (2)	Nearly daily (3)	NOTE: If positive consider depression, anxiety, and suicide screenings as well	Y	N
1-Little interest or pleasure in doing things					S Do you make yourself Sick because you feel uncomfortably full?		
2-Feeling down, depressed, or hopeless							
3-Trouble falling or staying asleep, or sleeping too much					C Do you worry that you have lost Control over how much you eat?		
4-Feeling tired or having little energy							
5-Poor appetite or overeating					O Have you recently lost more than One stone (14 lb) in a 3-month period?		
6-Feeling bad about yourself—or that you are a failure or have let yourself or your family down							
7-Trouble concentrating on things, such as reading the newspaper or watching television					F Do you believe yourself to be Fat when others say you are too thin?		
8-Moving/speaking so slowly that other people have noticed. Or being so fidgety/restless that you have been moving around a lot more than usual							
9-Thoughts that you would be better off dead, or of hurting yourself					F Food dominates your life?		

**BIPOLAR DISORDER MDQ → 7 = likely**

**SUICIDE RISK SBQ-R → 7 = high risk**

1. Has there ever been a period of time when you were not your usual self and -	N / Y	Have you ever thought about or attempted to kill yourself?	
you felt so good or hyper that other people thought you were not your normal self or you got into trouble?	<input type="checkbox"/> <input type="checkbox"/>	1 Never	
you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/> <input type="checkbox"/>	2 It was just a brief passing thought	
you felt much more self-confident than usual?	<input type="checkbox"/> <input type="checkbox"/>	3 I have had a plan at least once in the past	
you got much less sleep than usual and found that you didn't really miss it?	<input type="checkbox"/> <input type="checkbox"/>	4 I have attempted to kill myself	
you were more talkative or spoke much faster than usual?	<input type="checkbox"/> <input type="checkbox"/>	How often have you thought about killing yourself in the past year?	
thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/> <input type="checkbox"/>	1 Never	
you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/> <input type="checkbox"/>	2 Rarely (1 time)	
you had more energy than usual?	<input type="checkbox"/> <input type="checkbox"/>	3 Sometimes (2 times)	
you were much more active or did many more things than usual?	<input type="checkbox"/> <input type="checkbox"/>	4 Often (3-4 times)	
you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/> <input type="checkbox"/>	5 Very often (5 times)	
you were much more interested in sex than usual?	<input type="checkbox"/> <input type="checkbox"/>	Have you ever told someone that you might kill yourself?	
you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/> <input type="checkbox"/>	1 No	
spending money got you or your family in trouble?	<input type="checkbox"/> <input type="checkbox"/>	2 Yes, at one time	
2. If you checked YES to more than one of the above, have several ever happened at the same time?	<input type="checkbox"/> <input type="checkbox"/>	3 Yes, more than once	
3. How much of a problem did these cause you - like being unable to work; having family, money, or legal troubles; getting into fights?		How likely is it that you will attempt suicide someday?	
<input type="checkbox"/> No problems	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
0 never, 1 no chance, 3 unlikely, 5 likely, 6 very likely			

**ANXIETY DISORDER GAD-7 → 10 = moderate & 15 = severe**

**DRUG USE DAST-10 → 3 = problem**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly daily (3)	Have you ever used drugs other than medication?	N	Y
1-Feeling nervous, anxious or on edge					Have you had medical problems because of drugs?		
2-Not being able to stop or control worrying					Can you always stop using drugs when you want to?		
3-Worrying too much about different things					Do you ever have blackouts or flashbacks?		
4-Trouble relaxing					Do you ever feel guilty?		
5-Being so restless that it is hard to sit still					Does your spouse or family complain about your use?		
6-Becoming easily annoyed or irritable					Have you neglected family because you were using?		
7-Feeling afraid as if something awful might happen					Have you broken the law to get drugs?		
					Have you ever had withdrawal symptoms when stopping use?		
					Do you use >1 at a time?		

**POSTTRAUMATIC STRESS DISORDER PC-PTSD → 3 = likely**

**ALCOHOL USE CAGE → 2 = problem**

Have you ever had an experience that was so frightening, horrible, or upsetting that, in the past month, you -	N	Y	Do you have a history of -	N	Y
1-Have had nightmares about it or thought about it when you did not want to?			C Attempts to cut down on drinking		
2-Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?			A Anger at others concerns		
3-Were constantly on guard, watchful, or easily startled?			G Guilty about your drinking		
4-Felt numb or detached from others, activities, or your surroundings.			E A history of "eye" openers		