

## BOREALIS BEHAVIORAL HEALTH, LLC

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### GAD-7

During the last two weeks how often have you been bothered by the following:	Yes	No
1. Feeling nervous, anxious, or on edge?		
2. Most days I worry about lots of things		
3. Most days I cannot stop worrying		
4. Most days my worry is hard to control		
5. I feel restless, keyed up or on edge		
6. I get tired easily		
7. I have trouble concentrating		
8. I am easily annoyed or irritated		
9. My muscles are tense and tight		
10. I have trouble sleeping		
11. Did the things noted above affect your daily life (home, work or leisure) or cause distress?		
12. Were the things you noted above bad enough that you thought about getting help for them?		

### MODIFIED SPRINT (SPRINT-4) PTSD SCREENING

Have you ever experienced or witnessed a traumatic event, which involved loss of life, serious injury or threat of either: If yes, during the past week:	Yes	No
1. Have you been bothered by unwanted memories, nightmares, or reminders of this event?		
2. Have you been making an effort to avoid thinking or talking about this event, or doing things which remind you of what happened?		
3. Have you lost enjoyment for things, kept your distance from people, or found it difficult to experience feelings?		
4. Have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you?		

\_\_\_\_\_  
Patient Guardian Signature      Date

\_\_\_\_\_  
Reviewed by      Date

# BOREALIS BEHAVIORAL HEALTH, LLC

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PHQ-9

During the <u>past two weeks</u> , how often have you been bothered by the following:	Not at all (0)	Several days (1)	More than half days (2)	Nearly every day (3)
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 that you're a failure or let you or your family down?				
7. Trouble concentrating on things, such as reading or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?				
9. Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?				

## THE MOOD DISORDER QUESTIONNAIRE

Yes No

1. Has there ever been a period of time when you were not your usual self and...		
...felt so good or so hyper that other people thought you were not your normal self or were so hyper that you got into trouble?		
...were so irritable that you shouted at people or started fights or arguments?		
...felt much more self-confident than usual?		
...got much less sleep than usual and found you didn't really miss it?		
...were more talkative or spoke much faster than usual?		
...thoughts raced through your head, or you couldn't slow down your mind?		
...were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...had much more energy than usual?		
...were much more active or did many more things than usual?		
...were more social/outgoing, for example, you telephoned friends in the middle of the night?		
...were much more interested in sex than usual?		
...did things that were unusual for you or that others thought were excessive, foolish, or risky?		
...spending money got you or your family in trouble?		
2. If "YES" to more than one of the above, have they occurred during the same period of time?		
3. How much of a problem did any of these cause (missing work, family, money or legal trouble; getting into arguments or fights)? Please rate(✓) severity of problems:		
<input type="checkbox"/> No problem <input type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem		