**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 un 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 past two weeks, 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?*** |  |  |  |  |
| ***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 QUESTIONAIRE Yes No**

**6.**

|  |  |  |
| --- | --- | --- |
| ***1 Has there ever been a period 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 you 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?*** |  |  |
|  ***3. How much of a problem did any of these cause (missing work, family, money or legal trouble; getting into******arguments or fights)? Please check (x) severity of problem*** |

 No Problem Minor Problem Moderate Problem Serious Problem