

Alliance Behavioral Medicine, LLC
Ramzi Nassar, M.D.

Patient Name _____
Date _____

Date of Birth _____
Chart Number _____

THE HANDS DEPRESSION SCREENING TOOL
(The Harvard Department of Psychiatry National Depression Screening Day Scale)

During the <u>past two weeks</u> , how often have you:	None or little of the time	Some of the time	Most of the time	All of the time
1. been feeling low in energy, slowed down?				
2. been blaming yourself for things?				
3. had poor appetite?				
4. had difficulty falling asleep, staying asleep?				
5. been feeling hopeless about the future?				
6. been feeling blue?				
7. been feeling no interest in things?				
8. had feelings of worthlessness?				
9. thought about or wanted to commit suicide?				
10. had difficulty concentrating or making decisions?				

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 much more talkative or spoke much faster than usual?		
....thoughts raced through your head or you couldn't slow your mind down?		
....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 much 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 into 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 problem: <input type="checkbox"/> No Problem <input type="checkbox"/> Minor Problem <input type="checkbox"/> Moderate Problem <input type="checkbox"/> Serious Problem		

