

Patient Name: _____

Date: _____

Please list all medication, psychiatric, or otherwise that you are how taking.

Medication Name	MG	When and How Often

Please list any medication allergies below:

Have you recently had lab work completed? Yes No

If so, what test and when? _____

Are you currently using a CPAP therapy or an oral appliance? Yes No

Are you taking any vitamin supplements (B12, Vit D, Iron)? Yes No

IF so, please list _____

Concerning Sleep:

How many hours do you sleep per night? _____

Do you have trouble failing asleep? Yes No

Do you feel rested in the morning? Yes No

Do you drink alcohol? Yes No

Do you use recreational drugs? Yes No

Do you use tobacco? Yes No

How much caffeine do you consume on a daily basis? _____

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Please complete the following to allow the doctor or nurse practitioner to make necessary adjustments to your treatment plan.

In reference to your mood/symptoms, how do you feel since your treatment began?

- Much Improved Somewhat Improved No Change Worse Much Worse

In reference to your mood/symptoms, how do you feel since your last visit?

- Much Improved Somewhat Improved No Change Worse Much Worse

How would describe your mental/emotional status today?

- Excellent Good Fair Poor Very Poor

Please describe any new symptoms and summarize areas that continue to be of concern that you would like to discuss below:

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FATIGUE ASSESSMENT SCALE (FAS)

Instructions: Below are a number of questions about possible complaints. Please circle the answer to each question that is applicable to you. Please give an answer to each question even if you do not have any complaints at the moment. The aim of this questionnaire is to find out how you experience your complaints. There are no correct or incorrect answers.

	Never	Sometimes	Regularly	Often	Always
1. I am bothered by fatigue	1	2	3	4	5
2. I get tired quickly	1	2	3	4	5
3. I don't do much during the day	1	2	3	4	5
4. I have enough energy for everyday life	1	2	3	4	5
5. Physically, I feel exhausted	1	2	3	4	5
6. I have problems thinking clearly	1	2	3	4	5
7. I have problems starting things	1	2	3	4	5
8. I feel no desire to do anything	1	2	3	4	5
9. Mentally, I feel exhausted	1	2	3	4	5
10. When I am doing something, I can concentrate quite well	1	2	3	4	5

Total Score _____

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Mech Depression Inventory

Concerning Matters of Body (Sensations & Experiences)	
<p>1. Pain</p> <p>0 = I do not have persistent physical pain 1 = I have occasional physical pain 2 = I have a moderate amount of persistent pain 3 = I live with great amounts of persistent pain</p>	<p>5. Eating Patterns & Changes in Appetite</p> <p>0 = My appetite & eating patterns have not changed 1 = I eat somewhat more or less 2 = I eat significantly more or less than I used to 3 = I eat almost nothing, or I eat compulsively</p>
<p>2. Pleasure</p> <p>0 = I experience much pleasure from my activities 1 = I experience less physical pleasure than I used to 2 = I am experiencing a significant drop in pleasure 3 = I derive no pleasure from physical activities</p>	<p>6. Laughter & Tears</p> <p>0 = I both laugh & cry as much as I always have 1 = I do not laugh and/or cry as readily as I once did 2 = I laugh and/or cry as readily as I once did 3 = I laugh almost never, I cry easily and much of the time</p>
<p>3. Physical Stamina & Energy Levels</p> <p>0 = I have good physical stamina & high energy level 1 = I am not as strong as I used to be; my energy is less 2 = I sense that I am significantly weaker than I used to be 3 = I have almost no energy at all; I feel wasted, lethargic</p>	<p>7. Sexually (if applicable)</p> <p>0 = My sexual experiences are pleasurable (or doesn't apply) 1 = The quality of my sexual experiences has decreased 2 = I am not nearly as interested in sex as I used to be 3 = I have little or almost no interest in sex at all</p>
<p>4. Quality & Quantity of Sleep</p> <p>0 = I get enough sleep & I feel rested 1 = I get less or require more sleep than I used to 2 = My sleep patterns have changed significantly as if of late 3 = I get very little quality sleep & I do not feel rested</p>	<p>8. Anger, Hostility, & Rage</p> <p>0 = I get angry on occasion, but express anger appropriately 1 = I find myself getting angry more often than I used to 2 = I have difficulty with my anger, I am being hostile 3 = I often lose control of my anger, I go into rage</p>
	Total: _____

Concerning Matters of the Heart – Emotional Responsiveness	
<p>9. Sadness, Gloom, & Despair</p> <p>0 = I am occasionally sad, but not for long periods of time 1 = I am increasingly sad; my outlook is coming gloomy 2 = I am sad most of the time; my outlook is gloomy 3 = I experience great sadness & despair most of the time</p>	<p>11. Emotional Stamina & Frustration Tolerance</p> <p>0 = I have high frustration tolerance 1 = My emotional reserves are low; I am easily frustrated 2 = I feel drained; I am quite irritable and easily agitated 3 = I am spent; I am irritable and agitated most of the time</p>
<p>10. Joy, Gladness, & Fulfillment</p> <p>0 = I experience much joy and fulfillment in my life 1 = I am experiencing much less joy and gladness in life 2 = I am quite unfulfilled; I experience almost no joy in life 3 = I experience no joy, gladness or fulfillment in life</p>	<p>12. Fear & Anxiety</p> <p>0 = I do experience fear on occasion, but I do not live in fear 1 = I find myself more fearful than I used to be 2 = I am increasingly more fearful and anxious 3 = I am fearful, anxious and afraid most of the time</p>
	Total _____

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Mech Depression Inventory (continued)

Concerning Matters of the Mind – Thoughts & Beliefs	
<p>13. Positive Mindset & Outlook on Life 0 = I think positive thoughts most of the time 1 = My outlook is dimming; my thoughts are less positive 2 = I am increasingly pessimistic; my thoughts are negative 3 = I dwell on the negative; I am very pessimistic about life</p>	<p>17. Sense of Accomplishment or Failure 0 = I am pleased with my accomplishments in life thus far 1 = I believe that I have failed more than I have succeeded 2 = I believe that I have accomplished little of worth 3 = I am a failure; I have accomplished nothing of value</p>
<p>14. Dwelling on past mistakes & events or experiences regrets 0 = I learn from my past, but my thoughts are future oriented 1 = I occasionally dwell on the past with thoughts of regret 2 = I have much regrets; my thoughts focus on my failures 3 = I am confused by thoughts of worthlessness and failure</p>	<p>18. Suicidal Thoughts 0 = I do not have thoughts of killing myself or ending my life 1 = I have had thoughts of killing myself, but will not do so 2 = I often think about killing myself; I might be better off 3 = I want to end my life, and would/may do so if I could</p>
<p>15. Self-Love or Loathing 0 = I am not perfect, but I think of myself in a positive light 1 = I think less highly of myself than I used to 2 = I am disappointed and think negative thoughts of myself 3 = I dislike or even loathe myself</p>	<p>19. Interest Inspiration & Creativity 0 = I have great interest in things; I appreciate creativity 1 = I have lessening interest in things; I do not get inspired easily 2 = I have little interest in things; creativity is unimportant 3 = I have lost nearly all interest; nothing inspires me</p>
<p>16. Self-Talk; Critical or Encouraging 0 = I am able to overcome obstacles as I encourage myself 1 = I am becoming increasingly self-critical 2 = My thoughts are full of negativity about myself 3 = I am confused and defeated about my self-critical thoughts</p>	
	Total: _____

Concerning Matters of the Spirit – Volitional Drive	
<p>20. Volitional Stamina; Discipline and Self Control 0 = I live a fairly disciplined life; I am able to control myself 1 = I occasionally lose control of my thoughts or actions 2 = I am increasingly undisciplined; I often lose control 3 = I am unable to control my thoughts or actions</p>	<p>22. Concentration & Focus 0 = I am able to focus and concentrate at length 1 = I am experiencing difficulty focusing and concentration 2 = It is very difficult to focus on anything for very long 3 = Completing this assessment was almost impossible</p>
<p>21. Motivation and Decisiveness 0 = My spirit is strong; I make decisions and motivate myself 1 = I'm increasingly indecisive; I often lack the will to act 2 = My spirit is weak; motivation low; decisions are difficult 3 = My spirit is broken; motivation almost non-existent; decision-making has become very difficult</p>	
	Total _____

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PHQ-10 Self Assessment

Instruction: Please answer the follow questions, circling the responses that more appropriately describe the patient’s behavior. Over the last two weeks, How often has the patient been bothered by any of the following problems?

<p>1. Little interest or pleasure in doing things 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>	<p>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>
<p>2. Feeling down depressed or hopeless 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>	<p>7. Trouble concentrating on things, such as reading the newspaper or watching television 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>
<p>3. Trouble falling or staying asleep, or sleeping too much 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>	<p>8. Moving or speaking so slowly that other people could notice. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>
<p>4. Feeling tired or having little energy 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>	<p>9. Thoughts that you would be better off dead, or of hurting yourself 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>
<p>5. Poor appetite or over eating 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day</p>	<p>10. How many anti-depressant prescription medications do you currently take or have tried in the past? 0 1 2-4 5+ Not sure</p>

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Attention Deficit/Hyperactivity Disorder Rating Scale IV

Instructions: Circle the number that best describes you or your child's behavior over the past 6 months in each category.

	Never or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes at work/school	0	1	2	3
2. Has difficulty sustaining attention in tasks or activities that require focus	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish work	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids tasks that require extra mental effort	0	1	2	3
7. Loses things necessary for tasks or activities	0	1	2	3
8. Is easily distracted	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
				Subtotal Part A Score _____
10. Fidgets with hands or feet or frequently shifts positions while seated	0	1	2	3
11. Leaves seat at work/school or in church/synagogue or other situations in which remaining seated is expected	0	1	2	3
12. Moves excessively in situations in which it is inappropriate	0	1	2	3
13. Has difficulty engaging in leisure activities quietly	0	1	2	3
14. "On the go" or acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting turn, standing in lines	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3
				Subtotal Part B Score _____

Total Score (Part A + Part B): _____