

Name: TEST PATIENT | Date of Birth: 11-27-1974 | Male
Date Administered: 11-27-2017 | ID Number:

Assessment: Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)

In the last two weeks, patient reported:

1. My appetite was poor.	1-2 Days in the Past Two Weeks
2. I could not shake off the blues.	3-4 Days in the Past Two Weeks
3. I had trouble keeping my mind on what I was doing.	1-2 Days in the Past Two Weeks
4. I felt depressed.	3-4 Days in the Past Two Weeks
5. My sleep was restless.	1-2 Days in the Past Two Weeks
6. I felt sad.	3-4 Days in the Past Two Weeks
7. I could not get going.	1-2 Days in the Past Two Weeks
8. Nothing made me happy.	3-4 Days in the Past Two Weeks
9. I felt like a bad person.	3-4 Days in the Past Two Weeks
10. I lost interest in my usual activities.	1-2 Days in the Past Two Weeks
11. I slept much more than usual.	1-2 Days in the Past Two Weeks
12. I felt like I was moving too slowly.	Not At All or Less Than 1 Day
13. I felt fidgety.	Not At All or Less Than 1 Day
14. I wished I were dead.	1-2 Days in the Past Two Weeks
15. I wanted to hurt myself.	Not At All or Less Than 1 Day
16. I was tired all the time.	1-2 Days in the Past Two Weeks
17. I did not like myself.	1-2 Days in the Past Two Weeks
18. I lost a lot of weight without trying to.	Not At All or Less Than 1 Day
19. I had a lot of trouble getting to sleep.	Not At All or Less Than 1 Day
20. I could not focus on the important things.	Not At All or Less Than 1 Day

Total Score: 19

Results: This response range usually supports a diagnosis of clinically significant depression. Review the responses and the depression diagnosis guide. In general, a score of >16 indicates that a follow up with a mental health professional or initiation of a treatment is appropriate.

Caution: Suicidal ideation present, review patient's responses and patient's intentions in detail.

Name: TEST PATIENT | Date of Birth: 11-27-1974 | Male
Date Administered: 11-27-2017 | ID Number:

Assessment: Alcohol Use Disorders Identification Test (AUDIT)

In the last year, patient reported:

- | | |
|--|-------|
| 1. How often do you have a drink containing alcohol? | Never |
| 2. How many drinks do you have on a typical day drinking? | 0 - 2 |
| 3. How often do you have six or more drink on one occasion? | Never |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never |
| 5. How often during the last year have you failed to do what was normally expected from you because of drinking? | Never |
| 6. How often in the last year have you needed a drink in the morning to get yourself going after a heavy drinking session? | Never |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never |
| 8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never |
| 9. Have you/someone else been injured because of your drinking? | No |
| 10. Has a relative, friend, doctor or health worker been concerned about your drinking or suggested you cut down? | No |

Total Score: 0

Result: No significant potential for alcohol misuse per patient's responses.

Assessment: GAD-7 (Modified)

In the last two weeks, the patient reported:

- | | |
|---|-------------------------|
| 1. Feeling nervous, anxious or on edge. | Several Days |
| 2. Not being able to stop or control worrying. | Several Days |
| 3. Worrying too much about different things. | More Than Half The Days |
| 4. Trouble relaxing. | Several Days |
| 5. Being so restless that it is hard to sit still. | Several Days |
| 6. Becoming easily annoyed or irritable. | Several Days |
| 7. Feeling afraid as if something awful might happen. | Several Days |
| 8. Being easily fatigued. | Several Days |
| 9. Difficulty concentrating or mind going blank. | Several Days |
| 10. Muscle tension. | Several Days |
| 11. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep). | Several Days |
| 12. If you experienced any of the above symptoms, how difficult have these problems made it for you to work, take care of things at home, or get along with others? | Somewhat Difficult |

Total Score: 12

Result: Patient's responses suggest Moderate Anxiety