

**Instructions:** Please answer each question to the best of your ability.

	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 you were so hyper that you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...you felt much more self-confident than usual?		
...you got much less sleep than usual and found you didn't really miss it?		
...you were much more talkative or spoke much faster than usual?		
...thoughts raced through your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had much more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...you were much more interested in sex than usual?		
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
...spending money got you or your family into trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?		
3. How much of a problem did any of these cause you--like being unable to work; having family, money or legal troubles; getting into arguments or fights?		
No Problem      Minor Problem      Moderate Problem      Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional every told you that you have manic-depressive illness or bipolar disorder?		

**Instructions:** Over the last 2 weeks, how often have you been bothered by any of the following?

	Not at all	Several days	Over half	Nearly everyday
1 Little interest or pleasure in doing things.	0	1	2	3
2 Feeling down, depressed, or hopeless.	0	1	2	3
3 Trouble falling asleep, or sleeping too much.	0	1	2	3
4 Feeling tired or having little energy.	0	1	2	3
5 Poor appetite or overeating.	0	1	2	3
6 Feeling bad about yourself- or that you are a failure or have let yourself or your family down.	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed? Or the opposite -- being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

10 How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

11 Would you be interested in learning more about safe, effective, non-drug treatments for depression?

12 Do you have any history of the following:

- a. Seizures or epilepsy?
- b. Psychosis

13 What types of therapy/counseling have you had in the past?

- a. When/how old were you when you attended therapy?
- b. What was the name of your therapist(s)? (Name, LCSW, LMFT, PhD, etc)

**Please select any medications you have tried.**

CELEXA Citalopram	LEXAPRO Escitalopram	PROZAC Fluoxetine	PAXIL Paroxetine	ZOLOFT Sertraline
LUVOX Fluvoxamine	PRISTIQ Desvenlafaxine	CYMBALTA Duloxetine	EFFEXOR Venlafaxine	SAVELLA Milnacipran
FETZIMA Levomilnacipran	WELLBUTRIN Bupropion	REMERON Mirtazapine	SERZONE Nefazodone	DESRYEL Trazodone
VIIBRYD Vilazodone	TRINTELLIX Vortioxetine	SPRAVATO Esketamine	ELAVIL Amitriptyline	NORPRAMIN Desipramine
SILENOR Doxepin	TOFRANIL Imipramine	PAMELOR Nortriptyline	ASCENDIN Amoxapine	ANAFRANIL Clomipramine
LUDIOMIL Maprotiline	SURMONTIL Trimipramine	VIVACTIL Protriptyline	NARDIL Phenelzine	EMSAM Selegiline
PARNATE Tranlycypromine	ABILIFY Aripiprazole	REXULTI Brexipiprazole	SEROQUEL Quetiapine	RISPERDAL Risperidone
GEODON Ziprasidone	ZYPREXA Olanzapine	LITHIUM	LAMICTAL Lamotrigine	TOPAMAX Tompiramate
T3 Triiodothyronine	DEPIN L-methylfplate	LATUDA Lurasidone	INVEGA paliperidone	SAPHRIS asenapine
VRAYLAR cariprazine	STRATERRA atomoxetine	INDERAL propanolol	DEPAKOTE Divalproex	HALDOL Haloperidol

**GAD-7**

**Instructions:** Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	Over half	Nearly everyday
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

Score      / 21      Date                     

**GAD-7**  
**Score**         

Date  
Patient

1. Please read through the entire passage below before filling in any blanks.

Some individuals notice that their mood and/or energy levels shift drastically from time to time \_\_\_\_\_. These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high \_\_\_\_\_. During their “low” phases, these individuals often feel a lack of energy; a need to stay in bed or get extra sleep; and little or no motivation to do things they need to do \_\_\_\_\_. They often put on weight during these periods \_\_\_\_\_. During their low phases, these individuals often feel “blue”, sad all the time, or depressed \_\_\_\_\_. Sometimes, during these low phases, they feel hopeless or even suicidal \_\_\_\_\_. Their ability to function at work or socially is impaired \_\_\_\_\_. Typically, these low phases last for a few weeks, but sometimes they last only a few days \_\_\_\_\_. Individuals with this type of pattern may experience a period of “normal” mood in between mood swings, during which their mood and energy level feels “right” and their ability to function is not disturbed \_\_\_\_\_. They may then notice a marked shift or “switch” in the way they feel \_\_\_\_\_. Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do \_\_\_\_\_. Sometimes, during these “high” periods, these individuals feel as if they have too much energy or feel “hyper” \_\_\_\_\_. Some individuals, during these high periods, may feel irritable, “on edge”, or aggressive \_\_\_\_\_. Some individuals, during these high periods, take on too many activities at once \_\_\_\_\_. During these high periods, some individuals may spend money in ways that cause them trouble \_\_\_\_\_. They may be more talkative, outgoing, or sexual during these periods \_\_\_\_\_. Sometimes, their behavior during these high periods seems strange or annoying to others \_\_\_\_\_. Sometimes, these individuals get into difficulty with co-workers or the police, during these high periods \_\_\_\_\_. Sometimes, they increase their alcohol or non-prescription drug use during these high periods \_\_\_\_\_.

2. Now that you have read this passage, please check one of the following four boxes:

- ☐ This story fits me very well, or almost perfectly
- ☐ This story fits me fairly well
- ☐ This story fits me to some degree, but not in most respects
- ☐ This story does not really describe me at all

3. Now please go back and put a check after each sentence that definitely describes you.

**BSDS**  
**Score** \_\_\_\_\_

Date \_\_\_\_\_  
 Patient \_\_\_\_\_

**Instructions:** Please answer the following questions regarding an important safety matter.

**1. Have you ever thought about or attempted to kill yourself?**

Never	It was a brief passing thought	I have had a plan at least once to kill myself but did not try to do it	I have attempted to kill myself, but did not want to die	I have had a plan at least once to kill myself and really wanted to die	I have attempted to kill myself, and really wanted to die
0	1	2	3	4	5

**2. How often have you thought about killing yourself in the past year?**

Never					Very Often
0	1	2	3	4	5

**3. In the past year, have you had an internal debate/argument (in your head) about whether to live or die?**

Never					Frequently
0	1	2	3	4	5

**4. Right now, how much do you wish to live?**

Very Much					Not at all
0	1	2	3	4	5

**5. Right now, how much do you wish to die?**

Not at all								Very Much
0	1	2	3	4	5	6	7	

**6. How likely is it that you will attempt suicide someday?**

Not at all						Very Likely
0	1	2	3	4	5	

If you have selected any number in the shaded areas above, complete the Safety Plan on the following page ==>

# SAFETY PLAN WORKSHEET

1

**Warning Signs** of a developing crisis (*i.e. thoughts, images, mood, situation, behavior*)



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2

**Internal Coping Strategies** — things I can do to distract my mind when I am alone (*relaxation technique, physical activity*)



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3

**Places, People, Social Settings** to provide further distraction



Place 1 

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Place 2 

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4

**People** whom I can ask for help



Name 

---

Phone 

---



Name 

---

Phone 

---



Name 

---

Phone 

---



Name 

---

Phone 

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5

**Professionals or agencies** to contact in crisis

## EMERGENCY NUMBERS

Central Texas Mental Health

512. 964. 6992

[after hours] 1. 800. 544. 6444

Suicide Hotline

1. 800. 784. 2433

1. 800. 273. TALK (8255)

Compassionate Ear Warmline

1. 866. 927. 6327

6

Make the environment  
**SAFE**



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7

The one thing that is most important to me and **worth living for**



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# AIMS ASSESSMENT

Date \_\_\_\_\_  
Patient \_\_\_\_\_

Have you ever taken any of the antipsychotics or mood stabilizers listed here?

Yes ☐ No ☐

If you answered "No", you may skip the rest of this page.  
If you answered "Yes", please finish the questionnaire.

1

Have you ever taken antipsychotic medication(s) to treat any of the following conditions? (Select all that apply)

- ☐ Depression
- ☐ Schizophrenia
- ☐ Schizoaffective disorder
- ☐ Bipolar disorder
- ☐ Anxiety
- ☐ Other: \_\_\_\_\_

antipsychotic medications:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Abilify   | <input type="checkbox"/> Vraylar |
| <input type="checkbox"/> Latuda    | <input type="checkbox"/> Saphris |
| <input type="checkbox"/> Seroquel  | <input type="checkbox"/> Haldol  |
| <input type="checkbox"/> Risperdal | <input type="checkbox"/> Fanapt  |
| <input type="checkbox"/> Zyprexa   | <input type="checkbox"/> Invega  |
| <input type="checkbox"/> Geodon    | <input type="checkbox"/> Other   |

TD MEANS HAVING MOVEMENTS YOU CAN'T CONTROL

Tardive Dyskinesia, or TD is a condition of uncontrollable movements affecting the face, torso, and other body parts.

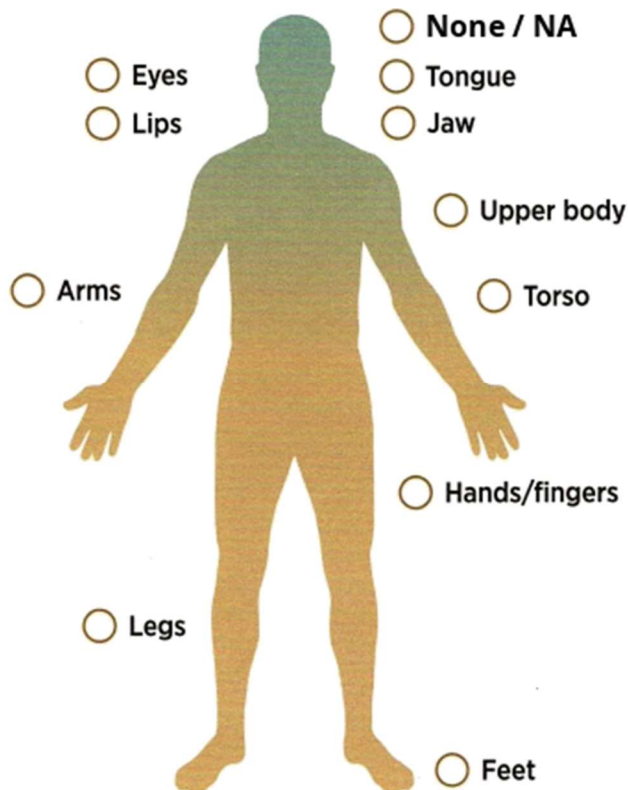
TD is associated with taking certain medications, such as antipsychotics, for a few months.

Here's a list of questions about uncontrollable movements to discuss.

This questionnaire is not a validated assessment tool, nor is it a diagnostic tool for TD. TD should be diagnosed by a medical professional.

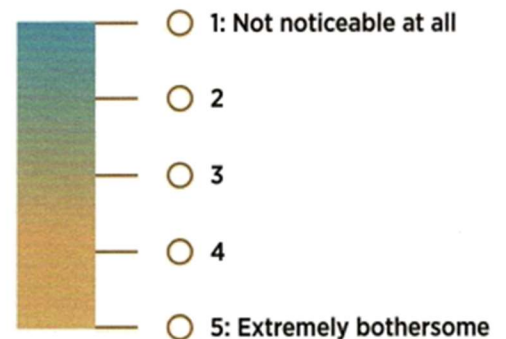
2

Have you experienced uncontrollable movements such as pursing, puckering, blinking, jerking, rocking, or twisting in the: (Select all that apply)



3

On a scale of 1 to 5, how bothersome do you find these movements?



4

Has anyone ever noticed your movements? If so, who? (Select all that apply)

- ☐ Me
- ☐ Spouse
- ☐ Family member
- ☐ Friend/coworker
- ☐ Healthcare provider
- ☐ Other: \_\_\_\_\_