Kraus
BEHAVIORAL HEALTH

Review of Systems

Name: _____ **Date:** _____

Constitutional:	☐Fever ☐Chills ☐Fatigue ☐Generalized Weakness	**Neurological:**	☐ Seizures ☐ Headaches ☐ Head trauma ☐ Dizziness ☐ Tingling/Numbness ☐ Fainting ☐ Word-finding difficulties ☐ Weakness
Cardiovascular:	☐ Chest pain ☐ Palpitations ☐ High blood pressure ☐ High cholesterol	**Hematologic:**	☐ Anemia ☐ Bleed easily ☐ Bruise easily
Respiratory:	☐ Shortness of breath ☐ Congestion ☐ Runny Nose ☐ Cough	**Sleep:**	☐ Insomnia ☐ Excessive sleep ☐ Interrupted/Broken ☐ Sleep Apnea ☐ CPAP ☐ Nightmares/Night terrors
Gastrointestinal:	☐ Recent sudden weight gain/loss ☐ Extreme changes in appetite ☐ Excessive thirst ☐ Nausea/Vomiting ☐ Diarrhea ☐ Black/bloody stool	**Eyes, Ears, Nose, Throat:**	☐ Vision changes ☐ Blurry vision ☐ Light sensitivity ☐ Ringing in the ears ☐ Hard of hearing/Hearing Aids ☐ Trouble swallowing
Genitourinary:	☐ Trouble urinating ☐ Frequently urinating ☐ Getting up to urinate at night ☐ Blood in urine	**Ambulation:**	☐ Independent ☐ Crutches ☐ Walker ☐ Wheelchair
Musculoskeletal:	☐ Arthritis/Joint pain ☐ Joint swelling ☐ Muscle aches/cramps ☐ Broken bones	**Immune System:**	☐ Hx of sharing needles ☐ Hx of STD's ☐ HIV ☐ AIDS
Integumentary (Skin):	☐ Rash/Hives ☐ Excessive sweating ☐ Night sweats	**Female Reproductive:**	☐ Breast pain/changes ☐ Hysterectomy ☐ LNMP: _____ **Pregnant?** *No* *Yes* **Breast Feeding?** *N/A* *No* *Yes*

Name: _____ **Date:** _____

BSDS

Instructions:

*****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_____.

*****Now that you have read this passage, please check only ONE of the following four boxes:**

( ) This story fits me very well, or almost perfectly (6)
( ) This story fits me fairly well (4)
( ) This story fits me to some degree, but not in most respects (2)
( ) This story does not really describe me at all (0)

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

Total Score = _____

Name: _____ **Date:** _____

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems? ***(Circle your responses)***	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
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 or staying 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

Total: _____

Name: _____ **Date:** _____

HAM-A

Below is a list of phrases that describe certain feeling that people have. *Circle one of the five responses for each of the fourteen questions that best describes the extent to which you feel you have these conditions.*	**Not Present**	**Mild**	**Moderate**	**Severe**	**Very Severe**
1. **Anxious Mood** *Worries, anticipation of the worst, fearful anticipation, irritability.*	0	1	2	3	4
2. **Tension** *Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.*	0	1	2	3	4
3. **Fears** *Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.*	0	1	2	3	4
4. **Insomnia** *Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.*	0	1	2	3	4
5. **Intellectual** *Difficulty in concentration, poor memory.*	0	1	2	3	4
6. **Depressed Mood** *Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.*	0	1	2	3	4
7. **Somatic (muscular)** *Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.*	0	1	2	3	4
8. **Somatic (sensory)** *Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.*	0	1	2	3	4
9. **Cardiovascular Symptoms** *Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.*	0	1	2	3	4
10. **Respiratory Symptoms** *Pressure or constriction in chest, choking feelings, sighing, dyspnea.*	0	1	2	3	4
11. **Gastrointestinal Symptoms** *Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.*	0	1	2	3	4
12. **Genitourinary Symptoms** *Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of rigidity, premature ejaculation, loss of libido, impotence.*	0	1	2	3	4
13. **Autonomic Symptoms** *Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.*	0	1	2	3	4
14. **General** *Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.*	0	1	2	3	4

Total: _____