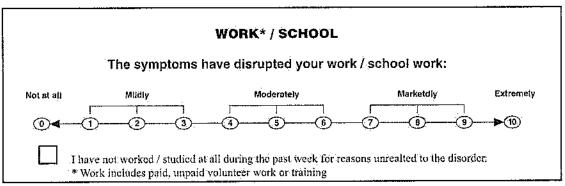
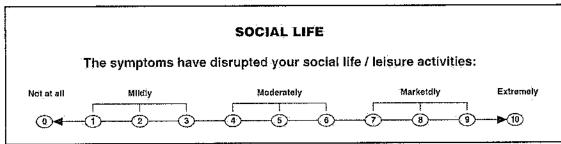
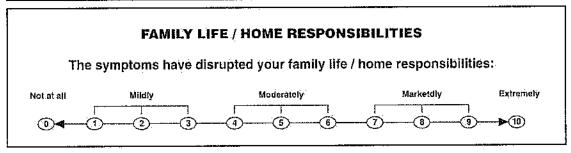
Sheehan Disability Scale

A brief, patient rated, measure of disability and impairment.

Please mark ONE circle for each scale.







Days Lost

On how many days in the last week did your symptoms cause you to miss school or work or leave you unable to carry out your normal daily responsibilities?

Days Unproductive

On how many days in the last week did you feel so impaired by your symptoms, that even though you went to school or work, your productivity was reduced?

The Patient Health Questionnaire (PHQ-9)

Patient Name	Date of Visit						
Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day			
Little interest or pleasure in doing things	0	1	2	3			
2. Feeling down, depressed or hopeless	0	1	2	3			
Trouble falling asleep, 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're 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			
Column	Totals		+·	!			
Add Totals Tog	gether						
10. If you checked off any problems, how difficult has Do your work, take care of things at home, or ge Not difficult at all Somewhat difficult	t along wi	th other					

THE MOOD DISORDER QUESTIONNAIRE

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		· · · · · · · · · · · · · · · · · · ·
you 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?	0	0
you were so irritable that you shouted at people or started fights or arguments?	0	0
you felt much more self-confident than usual?	0	0
you got much less sleep than usual and found you didn't really miss it?	0	0
you were much more talkative or spoke much faster than usual?	0	0
thoughts raced through your head or you couldn't slow your mind down?	0	0
you were so easily distracted by things around you that you had trouble concentrating or staying on track?	0	0
you had much more energy than usual?	0	0
you were much more active or did many more things than usual?	0	ा
you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	0	0
you were much more interested in sex than usual?	0	0
you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	0	0
spending money got you or your family into trouble?	0	0
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	0	0
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? Please circle one response only. 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?	0	0
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	0	0

MacLean Screening Instrument for BPD

1.	Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	Yes	_No
2.	Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself)? How about made a suicide attempt?	Yes	_No
3,	Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)?	Yes	_No
4.	Have you been extremely moody?	Yes	_No
5.	Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?	Yes	_No
6,	Have you often been distrustful of other people?	Yes	_No
7.	Have you frequently felt unreal or as if things around you were unreal?	Yes	No
8.	Have you chronically felt empty?	Yes	_No
9.	Have you often felt that you had no idea of who you are or that you have no identity?	Yes	_No
10.	Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?	Yes	No

WAQ

bout most often?	
f)	
cle the corresponding number (0-8).	
ve or exaggerated?	
Moderately	Totally
excessive	excessive
3456.	8
many days have you been bothered by exce	essive worry?
1 day	
out of 2	Everyday
	8
ling your worries? For example, when ething, do you have difficulty stopping?	
Moderate	Extreme
difficulty	difficulty
	e) f) cle the corresponding number (0-8). We or exaggerated? Moderately excessive

	when you were worried (or anxious? Rate each sensation by circling a number (o	-0).
a)	Restlessness or feeling ke	eyêd up or on êdgê.	
	Not at all	Moderately	Very severely
	011	256	78
b)	Being easily fatigued.		Vous
	Not at all	Moderately	Very severely
	,01	2	78
c)	Difficulty concentrating	or mind going blank.	*7
	Not at all	Moderately	Very severely
	0	2	78
d)	Irritability.		1 7
	Not at all	Moderately	Very severely
	0.,, 1,	2	78
e)	Muscle tension.		*7
	Not at all	Moderately	Very severely
	1	2.,	78
f)	Sleep disturbance (diffic	ulty falling or staying asleep, or restless unsatisfying	
	Not at all	Moderately	Very severely
	0	23456	,8
6.	To what extent does wor activities, family life, etc	ry or anxiety interfere with your life? For example, y	our work, social
		Madagatala	Very severely
	Not at all	Moderately	86 verells
	1	2	7., 8

5. Over the past six months, to what extent have you been disturbed by the following sensations



SCL-90 R

NAME		FILE		DATE	*
------	--	------	--	------	---

Here is a list of problems people sometimes complain about. Read carefully each statement and circle the number best describing HOW MUCH YOU HAVE BEEN DISTURBED BY THIS PROBLEM DURING THE LAST SEVEN(7) DAYS INCLUDING TODAY

		Not at all	A bit	Fairly	A lot	Extremely
1.	Headaches	0	1	2	3	4
2.	Nervousness or shakiness inside	0	1.	2	3	4
3.	Unwanted thoughts, words, or ideas that won't leave your mind	0	1	2	3	4
4.	Faintness or dizziness	O	1	2	3	4
5.	Loss of sexual interest or pleasure	0	1	2	3	4
6.	Feeling critical of others	Ó	1	2	3	4
7.	The idea that someone else can control your thoughts	0	1	2	3	4
8.	Feeling others are to blame for most of your troubles	0	1	2	3	4
9.	Trouble remembering things	O	1	2	3	4
10.	Worried about sloppiness or carelessness	0	1	2	3	4
11.	Feeling easily annoyed or irrated	.0	1	2	3	4
12.	Pains in heart or chest	o	1	2	3	4
13.	Feeling afraid in open spaces or on the streets	0	1	2	3	4
14.	Feeling low in energy or slowed down	0	1	2	3	4
15.	Thoughts of ending your life	O	1	2	3	4

	Not at all	A bit	Fairly	A lot	Extremely
16. Hearing voices that other people do not hear	0	1	2	3	4
17. Trembling	0	1	2	3	4
18. Feeling that most peope cannot be trusted	0.	1	2	3	4
19. Poor appetite	0	1	2	3	4
20. Crying easily	0	1	2	3	4
21. Feeling shy or uneasy with the opposite sex	0	1	2	3	4
22. Feeling of being trapped or caught	0	1	2	3.	4
23. Suddenly scared for no reason	0	1	2	3	.4
24. Temper outbursts that you could not control	O	1	2	3.	4
25. Feeling afraid to go out of your house alone	0	1	2	3	4
26. Blaming yourself for things	0	1	2	3	4
27. Pains in lower back	.0	1	2	3	4
28. Feeling blocked in getting things	0	1	2	3	4
done 29. Feeling lonely	0	1	2 ;	3	4
30. Feeling blue	0	1	2,	3	4
31. Worrying too much about things	O	1	2	3	4
32. Feeling no interest in things	o	1	2	3	4
33. Feeling fearful	o	1	2	3	4.
34. Your feelings being easily hurt	0	1	2	3	4
35. Other people being aware of your private thoughts	0	1	2	3	4

	Not at all	A bit	Fairly	A lot	Extremely
36. Feeling others do not understand you or are unsympathetic	0	1	2	3	4
37. Feeling that people are unfriendly or dislike you	0	1	2	3	4
38. Having to do things very slowly to insure correctness	0	1	2	3	4
39. Heart pounding or racing	0	1	2	3	4
40. Nausea or upset stomach	o	.1	2	3	4
41. Feeling inferior to others	0	1	2	3	4
42. Soreness of your muscles	0	1	2	3	4
43. Feeling that you are watched or talked about by others	o	1	2	3	4
44. Trouble falling asleep	0	1	2	3	4.
45. Having to check and double-check what you do	0	1	2	3	4
46. Difficulty making decisions	0	1	2	3	4
47. Feeling afraid to travel on buses, subways, or trains	O	1	2	-3	4
48. Trouble getting your breath	0	1	2	3	4
49. Hot or cold spells	0	1	2	3	4
50. Having to avoid certain things places, or activities because they frighten you	0	1	2	3,	4
51. Your mind going blank	O	1	2	3	4
52. Numbness or tingling in parts of your body	0	1	2	3	4
53. A lump in your throat	0	1	2	3	4
54. Feeling hopeless about the future	0	1.	2	3.	4
55. Trouble concentrating	o	1	2	3	4

	Not at all	A bit	Fairly	A lot	Extremely
56. Feeling weak in parts of your body	0	1	2	3	4
57. Feeling tense or keyed up	O	1	2	3	4
58. Heavy feelings in your arms or legs	o	1	2	3	4
59. Thoughts of death or dying	0	1.	2	3	4
60. Overeating	0	1	2	3	4
61. Feeling uneasy when people are watching or talking about you	O	1	2	3	4
62. Having thoughts that are not your own	0	1	2	3	4
63. Having urges to beat, injure, or harm someone	0	1	2	3	4
64. Awakening in the early morning	0	1	2	3	4
65. Having to repeat the same actions such as touching, counting, washing	0	1	2	3	4
66. Sleep that is restless or disturbed	0	1	2	3	4
67. Having urges to break or smash things	0	1	2	3	4
68. Having ideas or beliefs that others do not share	0	1	2	3	4
69. Feeling very self-conscious with others	0.	1	2	3	4
70. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
71. Feeling everything is an effort	О	1	2.	3	4
72. Spells of terror or panic	0	1	2	-3	4
73. Feeling uncomfortable about eating or drinking in public	0	1	2	3	4
74. Getting into frequent arguments	0	1	2	3	4
75. Feeling nervous when you are left alone	0	1	2	3.	4

	Not at all	A bit	Fairly	A lot	Extremely
76. Others not giving you proper credit for your achievements	0	1	2	3	4
77. Feeling lonely even when you are with people	0	1	2	3	4
78. Feeling so restless you couldn't sit still	Ö	1	2	3	4
79. Feelings of worthlessness	0	1	2	3	4
80. Feeling that familiar things are strange or unreal	0	1	2	3	.4
81. Shouting or throwing things	o	1	2	3	4
82. Feeling afraid you will faint in public	0	1	2.	3	4
83. Feeling that people will take advantage of you if you let them	o	1	2	3	4
84. Having thoughts about sex that bother you a lot	o	1	2.	.3	4
85. The idea that you should be punished for your sins	o	1	2	3	4
86. Feeling pushed to get things done	O	1	2	3	4
87. The idea that something serious is wrong with your body	0	1	2	3	4
88. Never feeling close to another person	0	1,	2	3	4
89. Feelings of guilt	0	1	2	3	4
90. The idea that something is wrong with your mind	0	1	2	3	4

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