**Bagshahi Bariatric and General Surgery**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Over the past two weeks, how often have you been bothered by any of the following problems?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NOT AT ALL** | **SEVERAL DAYS** | **MORE THAN HALF OF THE DAYS** | **NEARLY EVERY DAY** |
| **Little interest or pleasure in doing things** | **0** | **1** | **2** | **3** |
| **Feeling down, depressed, or hopeless** | **0** | **1** | **2** | **3** |
| **Trouble falling or staying asleep, or sleeping too much** | **0** | **1** | **2** | **3** |
| **Feeling tired or having little energy** | **0** | **1** | **2** | **3** |
| **Poor appetite or overeating** | **0** | **1** | **2** | **3** |
| **Feeling bad about yourself – or that you are a failure or have let you and your family down** | **0** | **1** | **2** | **3** |
| **Trouble concentrating on things, such as reading the newspaper or watching television** | **0** | **1** | **2** | **3** |
| **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** |
| **Thoughts that you would have been better off dead, or of hurting yourself** | **0** | **1** | **2** | **3** |
| **Feeling nervous, anxious, or on edge** | **0** | **1** | **2** | **3** |
| **Not being able to stop or control worrying or worrying too much about different things** | **0** | **1** | **2** | **3** |
| **Trouble relaxing** | **0** | **1** | **2** | **3** |
| **Becoming easily annoyed or irritated** | **0** | **1** | **2** | **3** |
|  | | | | |
| **ADD COLUMNS**  **TOTAL** |  | | | |
| **If you checked off any of the problems, 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?** | **Not difficult at all\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Somewhat difficult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Very difficult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extremely difficult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**Do you have a history of any of the following? (Please circle)**Suicidal attempt, Psychiatric hospitalization, or diagnosis of Bipolar disorder, Manic Phase, Schizophrenia, Schizoaffective disorder, or depressive disorders with psychotic features

**Are you currently taking more than one psychiatric medication? (i.e. Xanax and Wellbutrin)**NO Yes, I am taking the following medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Are you taking any of the following medications? (Please circle)**Clozapine (Clozaril), Risperidone (Risperdal), Aripiprazole (Abilify), Olanzapine (Zyprexa), Quetiapine (Seroquel), Ziprasidone (Geodon), Olanzapine (Zyprexa), Paliperidone (Invega), Asenapine (Saphris), Iloperidone (Fanapt), Lurasidone (Latuda), Lithium (Lithobid), Divalproex (Depakote), Carbamazepine (Tegretol, Tegretol XR, Equetro, or Carbatrol), Lamotrigine (Lamictal)