Bagshahi Bariatric and General Surgery

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 | 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 | | 4 diff: | | |
| If you checked off any of the problems, how | Not difficult at all | | | |
| difficult have these problems made it for you | Somewhat difficult | | | |
| to do your work, take care of things at home, | Very difficult | | | |
| or get along with other people? | 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)