Clinical Self-Report Form

Should I complete the Clinical Self-Report Form?

- YES! -

THE CLINICAL SELF-REPORT FORM WAS DESIGNED TO SYSTEMATICALLY COLLECT INFORMATION ABOUT THE SYMPTOMS COMMONLY EXPERIENCED BY PATIENTS WITH MOOD DISORDERS. COLLECTING INFORMATION AT EACH VISIT ALLOWS YOUR DOCTOR TO BETTER TRACK THE COURSE OF YOUR SYMPTOMS AND YOUR RESPONSE TO TREATMENT. ANSWERING STANDARD QUESTIONS BEFORE YOUR VISIT ALLOWS FOR MORE PRODUCTIVE TIME WITH YOUR DOCTOR.

WE STRONGLY RECOMMEND FILLING ONE OUT AT EACH VISIT.

Directions

Clinical Self-Report Form

Name: *Odysseus O. Attica* # ________ Clinician: *Sachs* Date *03* / *17* / *02*

Since your last appointment: (Circle)

Has there been a period of time when you were feeling down or depressed most of the day, nearly everyday? (Yes) No
If Yes: Did it last as long as two weeks? Yes (No)
What about being a lot less interested in most things or unable to enjoy things you usually enjoy? (Yes) No
If Yes: Did it last as long as 2 weeks? (Yes) No
Has there been a period of time when you were feeling so good or so hyper people thought you were not your normal self or you were so hyper you got in trouble? Yes (No)
If Yes: Was it more than just feeling good? Yes No
Did anyone say you were manic? Yes No
What about a period of time when you were so irritable that you would shout at people or start fights or arguments? (Yes) No

Have you experienced a major stress which you feel has caused your mood to change? (Yes) No
If yes (describe) *My ship sank and my wife left to marry another suitor*
Have you experienced other medical problems? (Yes) No
If yes (describe) *Migraine headaches*

Used additional psychiatric care/treatment Yes (No) Other medical treatment (Yes) No Onset of last menses __ / __ / __

Over the past 10 days how many days have you been/had…

…depressed most of the day *8* /10 Days …any period of abnormal mood elevation *0* /10 Days
…any period of abnormal irritability *2* /10 Days …any period of abnormal anxiety *0* /10 Days

During the past week . . .

What is the least you have slept in any one day *04* hrs What is the most you have slept in any one day *16* hrs
Have you had: Panic Attacks *No* Binge/Purge *No* Headaches *Yes* Weight *185*
Indicate your use of: Caffeine *2* cups/day Nicotine *0* packs/day Alcohol *0* drinks/week Drugs ___

For each item rate this week compared to your usual (when well)	←Decreased					Well	Increased→				
	Constant and Severe		Nearly Every Day	Often	Rarely And/or mild		Rarely and/or mild	Often	Nearly Every Day		Constant And Severe
Sleep			✓			Normal	✓				
Ability to enjoy pleasant things / usual interests				✓		Normal					
Self confidence/Self Esteem			✓			Normal					
Energy			✓			Normal					
Ability to Concentrate				✓		Normal					
Distractibility						None		✓			
Appetite				✓		Normal	✓				
Physical restlessness/ agitation						None	✓				
Slowing of movement, speech or thoughts						✓ None					
Feel life isn't worth living or suicidal thoughts						None		✓			
Talking						✓ Normal					
Racing thoughts						None			✓		
Making plans or getting new projects started			✓			Normal					
Behaviors others regard as excessive, foolish or risky						None	✓				

Please complete for all medications used since your last visit

Medication	Total daily dose	Mg missed this week	Comments / adverse effects ☐ Check if no adverse effects
Eskalith CR	*120* Mg	*240* Mg	*Tremor. Thirsty all the time.*
Depakote	*150* Mg	*300* Mg	
	Mg	Mg	
Ativan	*1* Mg	*2* Mg	*Sedation. Worsening of memory.*
Wellbutrin	*200* Mg	*0* Mg	
	Mg	Mg	
Risperdal	*1.5* Mg	*0* Mg	
	Mg	Mg	
	Mg	Mg	

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FOR EACH QUESTION, CIRCLE "YES" OR "NO."
READ CAREFULLY!
KEEP IN MIND THE TIME FRAME OF EACH QUESTION.

These questions refer to the past 10 days only

What is…?

- DEPRESSED MOOD — *feeling sad, blue, down, being unable to enjoy most things you usually find pleasurable*
- ELEVATED MOOD — *feeling high, up, more capable than usual, feeling invulnerable – out of proportion to circumstances*
- ABNORMAL IRRITABILITY — *feeling more easily annoyed, angry, or hostile than normal for the circumstances*
- ABNORMAL ANXIETY — *feeling more nervous, anxious, worried than normal for the circumstances*

- All remaining questions refer to this past week only

- **Rate each item referring to the past week only.**
- **Check "Normal" or "None" if symptom has not been present.**
- **Check appropriate box to rate each item.**
- **You may check more than one box.**
- Ask your doctor if you are unsure of an item.

- Check here if you have not had any noticeable side effects from your medications this past week.

- Please indicate all medications you have taken since your last visit.
- If you can't remember how many milligrams (mg) you take, consult your doctor about your dose.
- List any side effects or comments you have about your treatments.

- **Please give the form to your doctor at the beginning of your appointment.**

After filling out the Self-Report Form once or twice, you'll find that it's much easier than it first appears, and you will be able to make better use of your appointment time.