

How Am I Feeling Today?

Name: _____ DOB: ____/____/____ Date: _____

PHQ-9: Over the last **two weeks**, how often have you been bothered by any of the following problems? **(Please circle your answer and mark the symptoms that apply to you).**

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or no pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. <input type="radio"/> Trouble falling asleep or staying asleep <input type="radio"/> Sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. <input type="radio"/> Poor appetite <input type="radio"/> 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. <input type="radio"/> Moving or speaking so slowly that other people could have noticed <input type="radio"/> Being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. <input type="radio"/> Thoughts that you would be better off dead <input type="radio"/> Thoughts of hurting yourself	0	1	2	3
Add the score for each column				

GAD-7:

Total Score _____

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column				

Total Score _____

AUDIT C: Drinking alcohol can affect your health especially if you take certain medications. We want to help you stay healthy and lower risks that are caused by drinking.

Please mark your answer

0

1

2

3

4

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7 or 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Total Score _____

CAGE: When answering questions below, include illegal drugs and the use of prescription drugs other than directed by a medical professional.

Questions:

YES

NO

1. Have you ever felt that you should Cut down on your current drinking or drug use?	<input type="radio"/>	<input type="radio"/>
2. Have people Annoyed you by criticizing your drinking or drug use?	<input type="radio"/>	<input type="radio"/>
3. Have you ever felt bad or Guilty about your drinking or drug use?	<input type="radio"/>	<input type="radio"/>
4. Have you ever used alcohol or drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye Opener)?	<input type="radio"/>	<input type="radio"/>

Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug.

<ul style="list-style-type: none"> MAT for Opioid Use Disorder 	Suboxone (buprenorphine and naloxone) film is used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.
<ul style="list-style-type: none"> MAT for Alcohol Use Disorder 	Vivitrol, naltrexone, acamprosate, and disulfiram are the most common drugs used to treat alcohol use disorder.
Would you like to have more information about this treatment approach?	YES <input type="radio"/> NO <input type="radio"/>