

Bernard Hsu, M.D. 1412 Sweet Home Road, Suite 6 Amherst, NY 14228 716-688-5088 (main) 716-650-5744 (fax) www.buffpain.com

Dear New Patient,

We welcome your upcoming visit to our practice. Please kindly fill out our initial intake forms prior to your visit and bring them in with you on the day of your appointment. Please also do not forget to bring the following:

- Insurance card
- Photo ID
- Referral (if required)
- Co-payment
- Any medical records or imaging studies that you may have available.

We also must remind new patients that our practice is primarily *interventional* pain management. Your consultation will be to evaluate you for any type of procedure to help treat pain or for recommendations on medical management. Although we do occasionally write prescriptions for certain medications, we typically do not provide opiates/narcotics at this practice. We are trying to create a different atmosphere within our group in an effort to promote healthy wellbeing and long-term pain relief. We will send all consultation reports back to your primary and referring doctors. Thank you.

Just a reminder, our driveway is on Rensch Road, second driveway on the right. After turning into the driveway, drive straight back to Suite #6.

Sincerely,

Bernard Hsu, M.D. Assistant Clinical Professor – University at Buffalo Board Certified Pain Medicine and Anesthesiology Licensed Medical Acupuncturist

Buffalo Pain and Healing Dr. Bernard Hsu

REGISTRATION FORM

(Please Print)

Today's date:							Primary	Doctor:						
			PA ⁻	TIENT	INFORM/	\TI	ON							
Patient's last name:			First:		Middle:		D Mr.	O Mis	- 1	Marita	status	s (circie	one)	
) Mrs.	D Ms.	. . .		/ Ma	r / Div	/ Sep /	/ Wid
Is this your legal name	e? If not	t, what is you	r legal name?	?	(Former name	:):		E	Birth da	ate:		Age:	Sex:	
C Yes C No									. / T	. /		P 1 . 14 4 19 17	ОМ	
Street address:					Social Sec	curity	no.:			Home	phone	no.:		
P.O. box:		City:					State	a:	l,	<u> </u>	, ZIP C	ode:	••••••••	·····
Occupation:		Employer	· ·	·········						Cell ph	one no	o.:		
)			
Chose clinic because/I	Referred to d	inic by (please	e check one t	oox):	🗅 Dr.					🗆 Ir	suran	ce Plan	🗆 Ho	spital
🗆 Family 🖸 Frie	end 🗆	Close to hom	ne/work	ΩY	ellow Pages		00	ther						
Emall address:	an and the set of the second of the P	•		agaan	19115 B. L									
		Popla	TNSI			τAN	TON				. janda ana			
			والاحتماد فيتستعم	• • • • • • • • • • • •	urance card to		• • • • • • • •	ist.)			:			·
Person responsible for	r bill: I	Birth date:		s (if diffe						Home	phone	no.:	•	
				•						()			
Is this person a patier	nt here? (0											
Occupation:	Employer:	Emp	loyer addres	S:						Employ	yer ph	one no.:		
										()			
Is this patient covered	d by insurance	e? 🗆 Yes	D No	.					-r				····	
Please Indicate primar	ry insurance	🗅 BC/BS		🗅 Univ		L In Healt	depende h	nt	DМ	edicare		D	United H	ealth
D Other:	Q Workers	' Comp	C No-Fault		No-Fault or W number:	/orke	rs' Comp	dalm	Date Inju					
Subscriber's name:		Subscribe	r's S.S. no.:		rth date:	G	roup no.	.:		Policy	no.:		Co-pay	ment:
					1 1								\$	
Patient's relationship	to subscriber	: 🛛 🗆 Sel	f 🛛	Spouse	Child		Other							
Name of secondary in	surance (if a	pplicable):	Subscribe	r's name:	:			Gro	oup no	.:		Polic	cy no.:	
	••••••••••••••••••••••••••••••••••••••			araa ah										
Patient's relationship	to subscriber	: 🔤 🖸 Se	lf 0	Spouse) Other						a	
	T. Katalari	ning and an and a state of the second se Second second	IN	CASE	OF EMER	GEN	ICY				an ang sa			an ta
Name of local friend of	or relative (no				Relationship			Но	me ph	one no.	:	Work pl	none no.:	
	•	-	-					(.)		l	()	
The above informatio am financially respons claims.	n is true to th sible for any i	ne best of my balance. I also	knowledge. 1 authorize D	l authoriz r. Bernar	te my Insurance of Hsu or Insura	e ber ance	efits be company	paid dire y to relea	ectly to ase any	the ph / Inform	ysiciar nation	n. I unde required	rstand th to proce	nat I Iss my
Patlent/Guardian s	ignature							۵	Date					

.

<u></u>	First Name	Last Name	Date	Page 1 of 7
	PAIN AND OTH	ER HEALTH HIST	ORY WORKSHEET	•
1.	Height Weight	Left or rig	ht handed?:	
2.	Where is your pain located?			· ·
	Check appropriate descriptive words below,	if accurate.	•	•
	Left Right Outer	Front	🛛 Back 🔲	Upper 🛛 Lower
	 Aching Burning Excruciating Hot Spasm Stabbing Tight Weak 	DeepLancinatingStiff	DisablingRedSwollen	Duli Sharp Tender
3.	What is your pain score right now on a scale		10=extreme pain)	
4.	When did your pain symptoms initially begin	·		
5.	The onset of your pain symptoms were: After an injury on the job Job Title:	Gradual 🗍	Sudden	
	Hours per week prior to the injury: Employer Name and Address: What happened?: After a motor vehicle accident. What h	appened?:		
	Other incident. What happened?:	· · · · · ·		
6.	Are you working?	No		
	if no, date of last day of work:		· .	
	If yes, same job as before you were inju If yes, are you now working: If yes, how many hours per week do yo	ght duty 🔲 full du	· · · · ·	ob)
7.	The pain is: □ Constant □ Intermittent, lasting: □ Frequent, lasting: □ Worse during: □ Worse with: □ Better with:	□ Seconds □	Minutes Days Afternoon Evening	e to heat
8.	Course: How has the pain changed since onset?	☐ Better ☐ Weeks	U Worse	☐ Same —

				•	· ·	
9.	What makes the pain worse?					
10.	What makes the pain better?			•		
	Check if appropriate:	· · ·	•	•	· · · ·	
	Numbness Tingling	U Weakness	Urinary urgency	Urine – loss of control	Bowel – loss of control	
12.	Previous procedures for pain:	Acupuncture	InjectionsChiropractor	Discogram	MRI/CT scans	
	Describe:	•		·		
13.	List any other medical history of y	ourself (e.g.: high l	blood pressure, hea	urt attack, stroke, etc.)		
•			• •		•	
			•	•	•	
	· .	2	•		· .	
		• •			• • • •	
	-			•		
14.	Surgical History (operations):	Opera	tion			
	Date					•
				•		·
	· · ·	н. •	. · · ·	•	•	
	•					٠
45	Chapter the following overlame if you	, have had difficult	with any of the fol		·	
-15.	Check the following systems if you	i nave nad difficult	y with any of the lon			
•	Fever, weight loss] Eyes			
	 Ears, Nose, Mouth, Throat Cough, shortness of breath 		·	sure, chest pain, vaso I hernia, stomach ulc		
	Urinary frequency, urgency		Muscle strength			
	Skin disease	· [
	 Psychiatric Anemia or clotting problems 		 Diabetes, thyroid Allergy 	d, glandular		
16.	Family Medical History: Please list	t below any major	health problems of	your family (father, m	other or siblings)	
	•	•		•	•	•
		•				
	· ·					•
17.	Do you smoke? 🛛 No	Yes Packs	per day tim	ies years		
18.	Do you drink alcohol 🛛 No	🛛 Yes Drinks p	per day	~		•

•

.

•

.

19. List your current medications: Medicing Dose (# ma) How often per day 9. List your current medications:		First Name		Last Name	Date	Page 3 of 7
Medicine Dose (# mq): How often per day Medicine	•					
20. List any pain medications you have tried in the past and the outcomes: 21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your <u>usual</u> pain? Flickering Jumping Pricking Sharp Plusing Shooting Dulling Dittling Dulling Sharp Pricking Shooting Dulling Dittling Dulling Stabbing Crouphing Stabbing Pounding Burning Itchy Sore Trugging Hot Pulling Burning Burning Itchy Stabling Couling Pulling Burning Burning Itchy Wrenching Scating Stabling Growing Stabling Crusting Burning Itchy Pulling Burning Wrenching Scating Stabling Growing Burning Itchy Stringing Crusting	19.	•	cations:	<u>Dose (# mg)</u>	<u>How often per day</u>	· · .
20. List any pain medications you have tried in the past and the outcomes: 21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain? Flickering Jumping Pilohing Duting Pressing Pressing Difling Difling Difling Difling Difling Pounding Pounding Pounding Difling Duti Tradpling Duti Tender Pulling Duti Tender Trugging Hot Tingling Duti Tender Taut Vvienching Scating Stabling Stabling Stabling Duti Tender Taut Vvienching Scating Stating Starting Starting Stating Starting Starting Stating Starting Starting Stating Starting Stating Starting Stating Stating Stating Starting Stating						
20. List any pain medications you have tried in the past and the outcomes: 21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain? Flickering Pilothing Pilothing Pilothing Pilothing Pilothing Publing Pounding Pounding Publing Pounding Burning Data Pounding Burning Pounding Burning Scalding Stating Stating	••	· · · · · · · · · · · · · · · · · · ·				
20. List any pain medications you have tried in the past and the outcomes: 21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain? Flickering Jumping Picking Picking Pilohing Pressing Dull pressing Pressing Drilling Lacerating Cruthing Pressing Crushing Pounding Pounding Hot Tingting Dull Tender Pulling Scating Stabling Sore Taut Tender Pulling Scating Starting Singing Aching Splitting Sitiong Stabling Stabling Crushing Stabling Stabling Sore Taut Virenching Scating Starting Stabling Stabling Stabling Streating Streating Stabling Streating		·	·			
20. List any pain medications you have tried in the past and the outcomes: 21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain? Flickering Jumping Picking Picking Pilohing Pressing Dull pressing Pressing Drilling Lacerating Cruthing Pressing Crushing Pounding Pounding Hot Tingting Dull Tender Pulling Scating Stabling Sore Taut Tender Pulling Scating Starting Singing Aching Splitting Sitiong Stabling Stabling Crushing Stabling Stabling Sore Taut Virenching Scating Starting Stabling Stabling Stabling Streating Streating Stabling Streating			·			· · · · · · · · · · · · · · · · · · ·
21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain?		·····		<u> </u>	<u> </u>	
21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain?	•					
21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain?	••			·····		
21. List your allergies to medicine: 22. List any other allergies: 23. Which of the words below describe your usual pain?	-					
22. List any other allergies: 23. Which of the words below describe your usual pain? 23. Which of the words below describe your usual pain? 23. Which of the words below describe your usual pain? 23. Which of the words below describe your usual pain? 23. Which of the words below describe your usual pain? 24. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words below describe your usual pain? 25. Difference in the words describe your usual pain? 25. Difference in the words describe your usual pain? 25. Difference in the words describe your usual paint in the words describe your usual paint in the words de	20.	List any pain medicatio	ons you have tried in	the past and the outcom	nes:	
2. List any other allergies: 3. Which of the words below describe your usual pain? a. Sharp Pinching a. Pitcking Jumping Pricking Sharp Pinching a. Quivering Flashing Boring Cutting Pressing b. Pulsing Shooting Drilling Lacerating Gnawing c. Throbbing Stabbing Cramping c. Pounding Hot Tingling Dull Tender pulling Burning Itchy Sore Taut Pulling Burning Stabing Aching Splitting c. Turing Scalding Smarting Hurring Rasping d. Wrenching Sickening Fearful Punishing Splitting d. Tiring Sickening Fraghtful Grueling Blinding d. Turing Suffocating Frightful Grueling Blinding d. Turing Suffocating Frightful Grueling Blinding d. Turing Suffocating Frightful Grueling Blinding d. Turing Spreadin	1.	List your allergies to m	nedicine:			• •
13. Which of the words below describe your usual pain? I Flickering Jumping Pricking Sharp Pinching Quivering Flashing Boring Cutting Pressing Pulsing Shooting Drilling Lacerating Grawing Throbbing Stabbing Cramping Pounding Hot Tingling Duli Tender Tugging Hot Tingling Duli Tender Pulling Burning Itchy Sore Taut Wrenching Scalding Smarting Hurting Rasping Stabusing Sickening Frearful Punishing Wretched Tiring. Sickening Freatful Grueiling Blinding Tring. Sickening Freatful Grueiling Blinding Vicious Killing Cruei Vicious Killing Miserable Preneding Drawing Freezing Agonizing		•	• .			
Flickering Jumping Pricking Sharp Pinching Quivering Flashing Boring Cutting Pressing Pulsing Shooting Drilling Lacerating Gnawing Throbbing Stabbing Cramping Pounding Hot Tingling Dull Tender Pulling Burning Itchy Sore Taut Pulling Burning Stabing Sore Taut Wrenching Scating Smarting Hurting Rasping Stabsting Stabing Stabing Sore Splitting Wrenching Scatading Smarting Hurting Rasping Stabsting Scatading Stinging Aching Splitting Tring Sickening Fearful Punishing Miretched Exhausting Suffocating Frightful Grueiling Blinding Tring Sickening Frightful Grueiling Nauseating Vicious Killing Oruel Nauseating Nauseating Miserable	22.	List any other allergies	5.	•		•
Prickening Somping Flashing Boring Cutting Pressing Quivering Flashing Boring Cutting Pressing Pulsing Shooting Drilling Lacerating Grawing Throbbing Stabbing Cramping Pounding Lancinating Crushing Tugging Hot Tingling Dull Tender Pulling Burning Itchy Sore Taut Wrenching Scatding Smarting Hurting Rasping Searing Stinging Aching Splitting Tring. Sickening Fearful Punishing Blinding Exhausting Sickening Frightful Grueiling Blinding Vicious Vicious Killing Killing Nauseating Annoying Spreading Tight Cool Nauseating Miserable Penetrating Drawing Freezing Agonizing	23.	Which of the words be	low describe your <u>us</u>	<u>ual</u> pain?		
Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second system Image: Construction of the second s	•	Flickering			Sharp	· _ ·
Initialing Initiality Initiality Initiality Initiality Initiality Initiality Initiality Initiality Initiality Initiality Initiality Initiality Initiality I				-		-
Image: Spreading Image: Spreading <td< td=""><td></td><td>Pulsing</td><td></td><td>L L Drilling</td><td>E L L'aceratico</td><td></td></td<>		Pulsing		L L Drilling	E L L'aceratico	
Indging Indging Indging Indging Indging Indging Pulling Burning Itchy Sore Indging Indging Wrenching Scalding Smarting Hurting Resping Searing Stinging Aching Splitting Intrinsion Searing Stinging Aching Splitting Intrinsion Searing Fearful Punishing Wretched Intrinsion Sickening Freatful Grueling Blinding Exhausting Suffocating Frightful Grueling Blinding Terrifying Cruel Vicious Killing Nagging Troublesome Radiating Numb Cold Nauseating Miserable Penetrating Drawing Freezing Agonizing	•					·
Image: Second state Itchy Sore Taut Image: Second state Scatcling String Hurting Rasping Image: Wrenching Scatcling Stinging Aching Splitting Image: Second string Stinging Aching Splitting Image: Second string Fearful Punishing Wretched Image: Tiring Sickening Freatful Punishing Wretched Image: Streading Suffocating Frightful Grueling Blinding Image: Streading Streading Tringhtful Gruel Nauseating Image: Streading Tight Cool Nagging Image: Troublesome Radiating Numb Cold Nauseating Image: Miserable Penetrating Drawing Freezing Agonizing				Stabbing		Cramping
Wrenching Scalding Smarting Hurting Rasping Searing Stinging Aching Splitting Tiring Sickening Fearful Punishing Wretched Exhausting Suffocating Frightful Grueling Blinding Terrifying Cruel Vicious Vicious Numb Cool Nagging Annoying Spreading Tight Cool Nauseating Nauseating Miserable Penetrating Drawing Freezing Agonizing		Throbbing Pounding		Stabbing		Cramping
Image: Section of the section of th		Throbbing Pounding Tugging	☐ Hot	Stabbing Lancinating Tingling	Duli	Cramping Crushing
Image: Tiring interview Sickening interview Fearful interview Punishing interview Wretched interview Image: Exhausting interview Suffocating interview Frightful interview Grueling interview Blinding interview Image: Exhausting interview Suffocating interview Frightful interview Vicious interview Blinding interview Image: Interview Spreading interview Tight interview Cool interview Nagging interview Image: Interview Radiating interview Numb interview Cool interview Nauseating interview Image: Interview Penetrating interview Drawing interview Freezing interview Agonizing interview		 Throbbing Pounding Tugging Pulling 	Hot Burning	Stabbing Lancinating Tingling Itchy	Dull Sore Hurting	 Cramping Crushing Tender Taut Rasping
Image:		 Throbbing Pounding Tugging Pulling 	 Hot Burning Scalding 	 Stabbing Lancinating Tingling Itchy Smarting 	 Duli Sore Hurting Aching 	 Cramping Crushing Tender Taut Rasping
Exhausting Controcting Controcting Cruel Vicious Killing Cruel Vicious Killing Cool Nagging Nagging Numb Cool Nauseating Miserable Penetrating Drawing Freezing Agonizing	•	 Throbbing Pounding Tugging Pulling 	 Hot Burning Scalding 	 Stabbing Lancinating Tingling Itchy Smarting Stinging 	 Dull Sore Hurting Aching Heavy 	 Cramping Crushing Tender Taut Rasping Splitting
Image: Second state of the second s	•	 Throbbing Pounding Tugging Pulling Wrenching Tiring 	 Hot Burning Scalding Searing Sickening 	 Stabbing Lancinating Tingling Itchy Smarting Stinging Fearful 	 Dull Sore Hurting Aching Heavy Punishing 	 Cramping Crushing Tender Taut Rasping Splitting Wretched
Annoying Spreading Tight Cool Nagging Troublesome Radiating Numb Cold Nauseating Miserable Penetrating Drawing Freezing Agonizing	•	 Throbbing Pounding Tugging Pulling Wrenching Tiring 	 Hot Burning Scalding Searing Sickening 	 Stabbing Lancinating Tingling Itchy Smarting Stinging Fearful Frightful 	 Dull Sore Hurting Aching Heavy Punishing Grueling 	 Cramping Crushing Tender Taut Rasping Splitting Wretched
Annoying Spreading Image: Content of the spreading Image: Content of the spreading Image: Troublesome Radiating Image: Numb Image: Content of the spreading Image: Miserable Penetrating Image: Drawing Image: Freezing Image: Agonizing	•	 Throbbing Pounding Tugging Pulling Wrenching Tiring 	 Hot Burning Scalding Searing Sickening 	 Stabbing Lancinating Tingling Itchy Smarting Stinging Fearful Frightful 	 Dull Sore Hurting Aching Aching Heavy Punishing Grueling Cruel 	 Cramping Crushing Tender Taut Rasping Splitting Wretched
Annoying Spreading Image: Content of the spreading Image: Content of the spreading Image: Troublesome Radiating Image: Numb Image: Content of the spreading Image: Miserable Penetrating Image: Drawing Image: Freezing Image: Agonizing	•	 Throbbing Pounding Tugging Pulling Wrenching Tiring 	 Hot Burning Scalding Searing Sickening 	 Stabbing Lancinating Tingling Itchy Smarting Stinging Fearful Frightful 	 Dull Sore Hurting Aching Aching Heavy Punishing Grueling Cruel Vicious 	 Cramping Crushing Tender Taut Rasping Splitting Wretched
Miserable Penetrating Drawing Freezing Agonizing Agonizing	•	 Throbbing Pounding Tugging Pulling Wrenching Tiring Exhausting 	 Hot Burning Scalding Searing Sickening Suffocating 	 Stabbing Lancinating Tingling Itchy Smarting Stinging Fearful Frightfui Terrifying 	 Duli Sore Hurting Aching Aching Heavy Punishing Grueling Cruel Vicious Killing 	 Cramping Crushing Tender Taut Rasping Splitting Wretched Blinding
		 Throbbing Pounding Tugging Pulling Wrenching Tiring Exhausting 	 Hot Burning Scalding Searing Sickening Suffocating Spreading 	 Stabbing Lancinating Tingling Itchy Stmarting Stinging Fearful Frightfui Terrifying 	 Dull Sore Hurting Aching Aching Heavy Punishing Grueling Cruel Vicious Killing Cool 	 Cramping Crushing Tender Taut Rasping Splitting Wretched Blinding Nagging
	•	 Throbbing Pounding Tugging Pulling Wrenching Tiring Exhausting Annoying Troublesome 	 Hot Burning Scalding Scaring Searing Sickening Suffocating Suffocating Radiating 	 Stabbing Lancinating Tingling Itchy Smarting Stinging Fearful Frightful Terrifying Tight Numb 	 Dull Sore Hurting Aching Aching Heavy Punishing Grueling Cruel Vicious Killing Cool Cold 	 Cramping Crushing Tender Taut Rasping Splitting Wretched Blinding Nagging Nauseating

24. Shade in the areas of your pain for me:

25. To help us assess how your pain is affecting you, please <u>circle the number of one statement</u> within each item that best describes the way you feel today (right now). Be sure to read all the statements in each item before selecting one.

Item 1

- 0 I do not feel sad.
- 1 I feel sad.
- 2 I am sad all the time and I can't snap out of it.
- 3 I am so sad or unhappy that I can't stand it.

ltėm 2

- 0 I am not particularly discouraged about the future.
- 1 I feel discouraged about the future.
- 2 I feel I have nothing to look forward to.
- 3 I feel that the future is hopeless and that things cannot improve.

ltem 3

- 0 I do not feel like a failure.
- 1 I feel I have failed more than the average person.
- 2 As I look back on my life, all I can see are failures.
- 3 I feel I am a complete failure as a person.

ltem 4

- 0 I get as much satisfaction out of things as I used to,
- 1 I don't enjoy things the way I used to.
- 2 I don't get real satisfaction out of anything anymore.
- 3 I am dissatisfied or bored with everything.

ltem 5

- 0 I don't feel particularly guilty.
- 1 I feel guilty a good part of the time.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

ltem 6

- 0 I don't I feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.

First Name

Date

2	1	faal	lam	being	nuni	chad
J	1	ICCI		Denig	puin	alicu

Item 7

- 0 I don't feel disappointed in myself.
- 1 I am disappointed in myself.
- 2 I am discusted with myself.
- 3 I hate myself worse than anybody else.

Item 8

- 0 I don't feel I am any worse than anybody eise.
- 1 I am critical of myself for my weaknesses and mistakes.
- 2 I blame myself all the time for my faults.
- 3 I blame myself for everything bad that happens.

ltem 9

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

Item 10

- 0 I don't cry any more than usual.
- 1 I cry more now than I used to.
- 2 I cry all the time.
- 3 I used to be able to cry, but now I can't cry even though I want to.

Item 11

- 0 I am no more irritated by things that I ever am.
- 1 I am slightly more irritated now than usual.
- 2 I am quite annoyed or irritated a good deal of the time.
- 3 I feel irritated all the time now.

Item 12

- 0 I have not lost interest in other people.
- 1 I am less interested in other people than I used to be.
- 2 | have lost most of my interest in other people.
- 3 I have lost all of my interest in other people.

item 13

- 0 I make decisions about as well as I ever could.
- 1 I put off making decisions more than I used to.
- 2 I have greater difficulty in making decisions than before.
- 3 I can't make decisions at all anymore.

Item 14 .

- 0 I don't feel that I look any worse than I used to.
- 1 I am worried that I am looking old or unattractive.
- 2 I feel that there are permanent changes in my appearance that make me look unattractive.
- 3 I believe that I look ugly.

Item 15

- 0 I can work about as well as before...
- 1 It takes an extra effort to get started at doing something.
- 2 I have to push myself very hard to do anything.
- 3 I can't do any work at all.

item 16

- 0 I can sleep as well as usual
- 1 I don't sleep as well as I used to.
- 2 I wake up one or two hours earlier than usual and find it hard to get back to sleep
- 3 I wake up several hours earlier than I used to and cannot get back to sleep.

Item 17

- 0 I don't get more tired than usual.
- 1 | get tired more easily than | used to.
- 2 I get tired from doing almost anything.
- 3 I am too tired to do anything.

Item 18

- 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be
- 2 My appetite is much worse now.
- 3 I have no appetite at all anymore.

Item 19

- 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than five pounds.
- 2 I have lost more than ten pounds.
- 3 I have lost more than fifteen pounds.

Item 20

- 0 I am no more worried about my health than usual.
- 1 I am worried about physical problems such as aches and pains or upset stomach, or constipation.
- 2 I am very worried about physical problems and it's hard to think of much else.
- 3 I am so worried about my physical problems that I cannot think about anything else.

Item 21

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

First Name	Last Name	Date	•				= 1 01 1
Please answer each question as	ns given to all patients who are on or may a honestly as possible. This information is f ermine your treatment. Thank you.						
lease answer the questions bel 0 = Never, 1 = Seldom	ow using the following scale: a, 2 = Sometimes, 3 = Often, 4 = Very (Dften					
		· · · · · · · · · · · · · · · · · · ·		•			
How often do you have moo	d swings?	· · ·	0	1	2	3	4
How often do you smoke a c	igarette within an hour after you wake up?		0	1	2	3	4
. How often have any of your i problem with alcohol or drug	family members, including parents and gran s?	dparents, had a	0 	1	2	3	4
How often have any of your of	close friends had a problem with alcohol or o	drugs?	0.	1	2	3	4
How often have others sugg	ested that you have a drug or alcohol proble	em?	0	.1	2	3	4
How often have you attended	d an AA or NA meeting?		0	1	2	3	4
How often have you taken m	edication other than the way that it was pre-	scribed?	0	1	2	3	4
. How often have you been tre	ated for an alcohol or drug problem?		0	1	2	3	4
. How often have your medica	tions been lost or stolen?	• •	0	1	2	3	4
0. How often have others expre	essed concern over your use of medications	?	0	· 1	2	3	4
1. How often have you felt a cra	•	•	0	1	2	3	4
	ked to give a urine screen for substance ab	use?	0	1	2	3 '	4
	gal drugs (for example, marijuana, cocaine,		0	1	2	3	4 .
	ave you had legal problems or been arreste	d?	0	1	2	3	4

Please include any additional information you wish about the above answers. Thank you.