HB 3474 nont Name_ ____ Birthdate Doctor Today's Date

A Survey from Your Healthcare Provider

Part of routine screening for your health includes considering mood and emotional concerns. Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0)	(1)	(2)	(3)
	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Feeling down, depressed, irritable or hopeless?	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Little interest or pleasure in doing things?				
Trouble falling or staying asleep or sleeping too much?				<u></u>
Poor appetite, weight loss, or overeating?				
Feeling tired or having little energy?				
Feeling bad about yourselfor feeling that you are a failure, or have let yourself or your family down?				
Trouble concentrating on things, like school work, reading or watching TV?				······
Moving or speaking so slowly that other people could have noticed?				
Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the past year have you felt depressed or sad most days, even if you felt OK sometimes? I Yes I No

If you are experiencing any of the problems on this form, 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
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Has there been a time in the past month when you have had serious thoughts		
about ending your life?	🗖 Yes	No

Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?

BRIGHT FUTURES 🛰 TOOL FOR PROFESSIONALS

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the past week.		Number				
Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the past week. DURING THE PAST WEEK Not At All A Little Some A Lot 1. I was bothered by things that usually don't bother me.		Score				
DURING THE PAST WEEK Not At All A Little Context 1. I was bothered by things that usually don't bother me. 2. I did not feel like eating. I wasn't very hungry.	INSTRUCTIONS Below is a list of the ways you might have felt or acted. Please	check how <i>much</i> ye	ou have felt this v	way during the	past week.	
2 1 dd not reel like eating. I wasn't very hungry. 3. I wasn't able to feel happy, even when my family or friends tried to help me feel better. 4. 1 fet like 1 was just as good as other kids. 5. I fet like 1 couldn't pay attention to what I was doing. DURING THE PAST WEEK Not At All 6. I fet like 1 was too fired to do things 7. I fet like something good was going to happen. 9. Tetr like things I did before didn't work out right 10. I felt scared.	DURING THE PAST WEEK	Not At All	A Little	Some	A Lot	
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DURING THE PAST WEEK		Not At All	A Little	Some	A Lot	
		100770740				
16. I had a good time. 17. I felt like crying.						
18. I felt sad.					CONTRACTOR OF THE OWNER	
19.1 felt people didn't like me		CONTRACTOR OF STREET				
20. It was hard to get started doing things.						

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