| ***Form 15*** | **Date Completed** *dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months*

## Mental Health History

| | | | | |
|---|---|---|---|---|
| a. Since we last spoke, have you had any visits with a mental health professional, psychologist, psychiatrist, or similar? *q1* | 0 ☐ NO<br>Go to b. | 1 ☐ YES<br>Yes → | Was it for anxiety or depression *q1_a*<br>0 ❑ No<br>1 ❑ Yes | |
| b. Since we last spoke, have you received private counseling? *q2* | 0 ☐ NO<br>Go to c. | 1 ☐ YES<br>Yes → | Was it for anxiety or depression *q2_a*<br>0 ❑ No 1 ❑ Yes | |
| c. Since we last spoke, have you used an emergency room for a mental health condition? *q3* | 0 ☐ NO<br>Go to d. | 1 ☐ YES<br>Yes → | Was it for anxiety or depression *q3_a*<br>0 ❑ No<br>1 ❑ Yes | |
| d. Since we last spoke, have you been hospitalized for a mental health condition? *q4* | 0 ☐ NO<br>Go to e. | 1 ☐ YES<br>Yes → | Was it for anxiety or depression *q4_a*<br>0 ❑ No<br>1 ❑ Yes | |
| e. Since we last spoke, have you used any medications for treatment of anxiety or depression? *q5* | 0 ☐ NO<br>Go to f. | 1 ☐ YES<br>Yes → | Was it prescribed by a psychiatrist, PCP, or another doctor? (check all that apply)<br>1 ❑ Psychiatrist *q5_a1*<br>2 ❑ PCP *q5_a2*<br>3 ❑ Other doctor *q5_a3* | |

| ***Form 15*** | **Date Completed**<br>*dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months*

| | | | | |
|---|---|---|---|---|
| f. Since we last spoke, have you been treated for an alcohol problem? *q6* | 0 ☐ NO<br>Go to h. | 1 ☐ YES<br>Yes → | Who treated you? (Check all that apply)<br>❑ Psychiatrist *q6_a1*<br>❑ Other doctor *q6_a2*<br>❑ Inpatient *q6_a3* | |
| | | | | |
| g. Since we last spoke, have you used alternate therapies such as acupuncture or herbal remedies for any mental health problems? *q7* | 0 ☐ NO<br>STOP | 1 ☐ YES<br>Yes → | | What type? *q7_a* |

| ***Form 15*** | **Date Completed** *dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months*

## I. Pharmacotherapy

## I. Pharmacotherapy

**1a. Current use of anxiolytics/antidepressant(s) or sleeping medication** *medication*
☐ (0) No (go to 2) ☐ (1) Yes

| **NAME** | **DAILY DOSE** |
|---|---|
| ☐ Bupropion (Wellbutrin) *med_1* | ☐ Dose ___ *med_1_dose* |
| ☐ Citalopram (Celexa) *med_2* | ☐ Dose ___ *med_2_dose* |
| ☐ Desvenlafaxine (Pristiq) *med_3* | ☐ Dose ___ *med_3_dose* |
| ☐ Duloxetine (Cymbalta) *med_4* | ☐ Dose ___ *med_4_dose* |
| ☐ Escitalopam (Lexapro) *med_5* | ☐ Dose ___ *med_5_dose* |
| ☐ Fluoxetine (Prozac) *med_6* | ☐ Dose ___ *med_6_dose* |
| ☐ Mirtazapine (Remeron) *med_7* | ☐ Dose ___ *med_7_dose* |
| ☐ Paroxetine (Paxil) *med_8* | ☐ Dose ___ *med_8_dose* |
| ☐ Sertaline (Zoloft) *med_9* | ☐ Dose ___ *med_9_dose* |
| ☐ Venlafaxine (Effexor) *med_10* | ☐ Dose ___ *med_10_dose* |
| ☐ Other *med_11*_____ *med_11_desc* | ☐ Dose ___ *med_11_dose* |

☐ Benzodiazepines *med_12*_____ *med_12_desc* ☐ PRN *med_12_prn*

WHY? *med_12_why* ☐ Anxiety ☐ Insomnia ☐ Other _____*med_12_other*

☐ Antipsychotics *med_13*_____ *med_13_desc*

WHY? *med_13_why* ☐ Anxiety ☐ Insomnia ☐ Other _____*med_13_other*

☐ Sleeping meds *med_14* _____ *med_14_desc*

**2. Use of any over-the-counter medications or herbal supplements for anxiety/mood?** *oc_med*

☐ (0) No ☐ (1) Yes⇐ specify _____ *oc_med_desc*