Anxiety And Depression Test

Instructions:

1. Patient Information: Fill in your full name, date of birth, gender, and occupation. These details help the professional understand your demographic and professional information, which can sometimes be relevant to your mental health.
2. Medical History: Indicate if you have any existing physical health conditions. If you do, provide as much detail as you can. This helps the professional understand if any physical conditions might contribute to your symptoms.
3. Medications: List any medications you are currently taking, along with their dosages, if known. This includes prescription medications, over-the-counter drugs, vitamins, and dietary supplements. This is important because some medications can affect mood and energy levels.
4. Anxiety and Depression Test: For each question in this section, simply answer "Yes" or "No" depending on whether the statement applies to you. Try to respond based on your feelings over the past two weeks. Be as honest and accurate as you can.
5. Alcohol and Substance Use: Answer "Yes" or "No" to the questions about your alcohol and recreational drug usage. If you consume alcohol, try to estimate the number of units you drink in a week. If you use recreational drugs, provide as much detail as possible about the type of drug and frequency of use. These substances can affect mental health, so it's important, to be honest in your responses.

Patient Information

Full Name: Linda Bauer

Date of Birth: 05 / 12 / 1985

Gender:

- [ ] Male
- [x] Female
- [ ] Non-binary
- [ ] Prefer not to say

Current Occupation: Software developer

Medical History

Do you currently have any physical health conditions? (e.g., diabetes, heart disease)

- [x] Yes
- [ ] No

If yes, please provide details: Diagnosed with Hypothyroidism

Medications

Are you currently taking any medications?

- [x] Yes
- [ ] No

If yes, please provide details (Include dosage if known):
Levothyroxine, 50mcg daily

Anxiety and Depression Test

1. **Do you often feel worried or anxious about different aspects of your life (like work, health, family, etc.)?**

- [x] Yes
- [ ] No

2. **Do you find it difficult to stop worrying once you start?**

- [x] Yes
- [ ] No

3. **Do you feel restless, wound up, or on edge?**

- [x] Yes
- [ ] No

4. **Do you become easily fatigued or tired?**

- [x] Yes
- [ ] No

5. **Do you have trouble concentrating or find that your mind goes blank?**

- [x] Yes
- [ ] No

6. **Do you experience irritability more days than not?**

- [x] Yes
- [ ] No

7. **Do you have muscle tension or complaints of muscle soreness?**

- [x] Yes
- [ ] No

8. **Do you have trouble falling asleep, staying asleep, or restless/unsatisfactory sleep?**

- [x] Yes
- [ ] No

9. **Have you been feeling down, depressed, or hopeless?**

- [x] Yes
- [ ] No

10. **Have you lost interest or pleasure in doing things you usually enjoyed?**

- [x] Yes
- [ ] No

11. **Have you noticed changes in your appetite or weight (either gain or loss)?**

- [x] Yes
- [ ] No

12. **Do you feel tired or need more energy?**

- [x] Yes
- [ ] No

13. **Do you feel bad about yourself, or that you are a failure or have let yourself or your family down?**

- [x] Yes
- [ ] No

14. **Have you had trouble concentrating on things, such as reading the newspaper or watching television?**

- [x] Yes
- [ ] No

15. **Have you been moving or speaking so slowly that others could have noticed? Or the opposite - being so fidgety or restless that you have been moving around more than usual?**

- [ ] Yes
- [x] No

16. **Have you thought you would be better off dead or hurting yourself somehow?**

- [ ] Yes
- [x] No

If you answered "Yes" to the last question (Question 16), please contact a healthcare professional immediately, as this can indicate a serious condition that needs immediate attention.

Alcohol and Substance Use

Do you drink alcohol?

☐ Yes

☑ No

If yes, how many units per week? _____

Have you ever taken recreational drugs?

☐ Yes

☑ No

If yes, please provide details: _____

Remember, this form is intended as a guide and is not a substitute for professional medical advice. Always consult with a healthcare professional for a thorough diagnosis and treatment.