

The Holmes & Rahe Stress Scale

Total.

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This scale must not be used in any way to cause harm to an individual's professional career.

43 Statements to Answer	Yes	No
1 Death of spouse (100)	<input type="radio"/>	<input checked="" type="radio"/>
2 Divorce (73)	<input type="radio"/>	<input checked="" type="radio"/>
3 Marital separation (65)	<input type="radio"/>	<input checked="" type="radio"/>
4 Jail term (63)	<input type="radio"/>	<input checked="" type="radio"/>
5 Death of close family member (63)	<input type="radio"/>	<input checked="" type="radio"/>
6 Personal injury or illness (53)	<input type="radio"/>	<input checked="" type="radio"/>
7 Marriage (50)	<input type="radio"/>	<input checked="" type="radio"/>
8 Fired at work (47)	<input type="radio"/>	<input checked="" type="radio"/>
9 Marital reconciliation (45)	<input type="radio"/>	<input checked="" type="radio"/>
10 Retirement (45)	<input type="radio"/>	<input checked="" type="radio"/>
11 Change in health of family member (44)	<input type="radio"/>	<input checked="" type="radio"/>
12 Pregnancy (40)	<input type="radio"/>	<input checked="" type="radio"/>
13 Sex difficulties (39)	<input type="radio"/>	<input checked="" type="radio"/>
14 Gain of new family member (39)	<input type="radio"/>	<input checked="" type="radio"/>

43 Statements to Answer		Yes	No
15	Business readjustment (39)	<input type="radio"/>	<input checked="" type="radio"/>
16	Change in financial state (38)	<input type="radio"/>	<input checked="" type="radio"/>
17	Death of close friend (37)	<input type="radio"/>	<input checked="" type="radio"/>
18	Change to a different line of work (36)	<input type="radio"/>	<input checked="" type="radio"/>
19	Change in number of arguments with spouse (35)	<input type="radio"/>	<input checked="" type="radio"/>
20	A large mortgage or loan (31)	<input type="radio"/>	<input checked="" type="radio"/>
21	Foreclosure of mortgage or loan (30)	<input type="radio"/>	<input checked="" type="radio"/>
22	Change in responsibilities at work (29)	<input type="radio"/>	<input checked="" type="radio"/>
23	Son or daughter leaving home (29)	<input type="radio"/>	<input checked="" type="radio"/>
24	Trouble with in-laws (29)	<input type="radio"/>	<input checked="" type="radio"/>
25	Outstanding personal achievement (28)	<input type="radio"/>	<input checked="" type="radio"/>
26	Spouse begins or stops work (26)	<input type="radio"/>	<input checked="" type="radio"/>
27	Begin or end school/college (26)	<input type="radio"/>	<input checked="" type="radio"/>
28	Change in living conditions (25)	<input type="radio"/>	<input checked="" type="radio"/>
29	Revision of personal habits (24)	<input type="radio"/>	<input checked="" type="radio"/>
30	Trouble with boss (23)	<input type="radio"/>	<input checked="" type="radio"/>
31	Change in work hours or conditions (20)	<input type="radio"/>	<input checked="" type="radio"/>
32	Change in residence (20)	<input type="radio"/>	<input checked="" type="radio"/>
33	Change in school/college (20)	<input type="radio"/>	<input checked="" type="radio"/>
34	Change in recreation (19)	<input type="radio"/>	<input checked="" type="radio"/>

43 Statements to Answer	Yes	No
35 Change in church activities (19)	<input type="radio"/>	<input checked="" type="radio"/>
36 Change in social activities (18)	<input type="radio"/>	<input checked="" type="radio"/>
37 A moderate loan or mortgage (17)	<input type="radio"/>	<input checked="" type="radio"/>
38 Change in sleeping habits (16)	<input type="radio"/>	<input checked="" type="radio"/>
39 Change in number of family get-togethers (15)	<input type="radio"/>	<input checked="" type="radio"/>
40 Change in eating habits (15)	<input type="radio"/>	<input checked="" type="radio"/>
41 Vacation (13)	<input type="radio"/>	<input checked="" type="radio"/>
42 Christmas (12)	<input type="radio"/>	<input checked="" type="radio"/>
43 Minor violations of the law (11)	<input type="radio"/>	<input checked="" type="radio"/>

Calculate My Total Total = 0

Note: If you experienced the same event more than once, then to gain a more accurate total, add the score again for each extra occurrence of the event.

Score Interpretation

Score Comment

11-150 You have only a low to moderate chance of becoming ill in the near future.

150-299 You have a moderate to high chance of becoming ill in the near future.

300-600 You have a high or very high risk of becoming ill in the near future.

MINI-MENTAL STATE EXAMINATION (MMSE)

ORIENTATION

Where are you?

Score 1 for each correct.
(Max = 10)

(Ask the general question first, then the specific questions below)

Name this place (building or hospital)

What floor are you on now?

What state are you in?

What county are you in? *(If not in a county, score correct if city is correct)*

What city are you in (or near) now?

What is the date today?

(Ask the general question first, then the specific questions below)

What year is it?

What season is it?

What month is it?

What is the day of the week?

What is the date today?

REGISTRATION

Name three objects (ball, flag, and tree) and have patient repeat them.

Score 1 for each object
correctly repeated
(Max = 3)

(Say objects at about 1 word per second. If patient misses object, ask him/her to repeat it after you until he/she learns it. Stop at 6 repeats.)

ATTENTION AND CALCULATION

Subtract 7s from 100 in a serial fashion to 65.

Score 1 for each correct to
65 (Max = 5)

Alternatively

Ask the subject to spell the word WORLD.
Then have the subject spell it backward.

Score 1 for each correctly
placed letter

RECALL

Do you recall the names of the three objects?

Score 1 for each recalled
(Max = 3)

LANGUAGE

Ask patient to provide names of a watch and pen as you show them to him.

Score 1 for each object correct (Max = 2)

Repeat "no ifs, ands, or buts." (Only one trial)

Score 1 if correct

Give patient a piece of plain blank paper and say, "Take the paper in your right hand (1), fold it in half (2), and put it on the floor (3)."

Score 1 for each part done correctly (Max = 3)

Ask patient to read and perform task written on paper: "Close your eyes."

Score 1 if patient closes eyes.

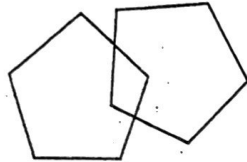
Ask patient to write a sentence on a piece of paper.

Score total of 1 if sentence has a subject, object, and verb. (Max = 1)

CONSTRUCTION

Ask patient to copy the design of the interlocking five-sided figures.

Score 1 if all 10 angles are present and two angles intersect. Ignore tremor and rotation. (Max = 1)



TOTAL SCORE

(Maximum score = 30)

"Mini-Mental State": a practical method for grading the cognitive state of patients for the clinician. *J Psychiatr Res.* 1975;12(3):189-198.

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BAI Anxiety Questionnaire

(Adaptation from BAI)

Name: _____

Date: _____

Over the last week: How much have the symptoms below been bothering you?	NONE	MILD (Doesn't bother me much)	MODERATE (I'm very uncomfortable)	SEVERE (I almost can't stand it)
1. Tingling/numbness.				
2. Sensations of heat.				
3. Leg tremors/movements.				
4. Just can't relax.				
5. Fear of the worst happening.				
6. Dizziness.				
7. Racing heart.				
8. Unstable.				
9. Terrified.				
10. Nervous.				
11. Sensation of drowning.				
12. Hands trembling.				
13. Generalized trembling.				
14. Fear of losing control.				
15. Difficulty breathing.				
16. Fear of dying.				
17. Startled/frightened.				
18. Indigestion/stomach upset.				
19. Feeling weak/powerless				
20. Sweating.				
21. Other:				

Memory Screening

Prevagen

The following statements describe everyday life situations. Please rate how common each situation is for you by selecting one of the following: Daily, Regularly, Occasionally, Rarely, Never. Circle the corresponding number for each rating.

NAME: _____

DATE: _____

Daily
Regularly
Occasionally
Rarely
Never

1.	Forgetting where you have put something. Losing things around the house.	1	2	3	4	5
2.	Failing to recognize places that you have been before.	1	2	3	4	5
3.	Finding a television story difficult to follow.	1	2	3	4	5
4.	Not remembering a change in your daily routine, such as a change in the place where something is kept, or a change in the time something happens. Following your old routine by mistake.	1	2	3	4	5
5.	Having to go back to check whether you have done something that you meant to do.	1	2	3	4	5
6.	Completely forgetting to take things with you. or leaving things behind and having to go back and fetch them.	1	2	3	4	5
7.	Forgetting that you were told something yesterday or a few days ago, and having to be reminded about it.	1	2	3	4	5
8.	Starting to read something (book, newspaper, magazine) without realizing you have already read it before.	1	2	3	4	5
9.	Having difficulty picking up a new skill. For example, finding it hard to learn a new game or to work a new gadget after you have practiced it once or twice.	1	2	3	4	5
10.	Finding that a word is "on the tip of your tongue." You know what it is but you cannot quite find it.	1	2	3	4	5
11.	Forgetting details of what you did or what happened to you the day before.	1	2	3	4	5
12.	When talking to someone, forgetting what you have just said. Maybe saying "What was I talking about?"	1	2	3	4	5
13.	When reading a newspaper or magazine, being unable to follow the thread of a story; losing track of what it is about.	1	2	3	4	5
14.	Getting the details of what someone has told you mixed up and confused.	1	2	3	4	5
15.	Telling someone a story or joke that you have told them already.	1	2	3	4	5
16.	Forgetting details of things you do regularly, whether at home or work, for example, forgetting details of what to do or what time it is.	1	2	3	4	5
17.	Forgetting where things are normally kept, or looking for them in the wrong place.	1	2	3	4	5
18.	Getting lost or turning in the wrong direction on a journey, on a walk, or in a building where you have been before.	1	2	3	4	5
19.	Repeating to someone what you have just told them or asking them the same question twice.	1	2	3	4	5
20.	Doing some routine thing twice by mistake. For example putting two bags of tea in the teapot, or going to brush/comb your hair when you have just done so.	1	2	3	4	5

Total Score



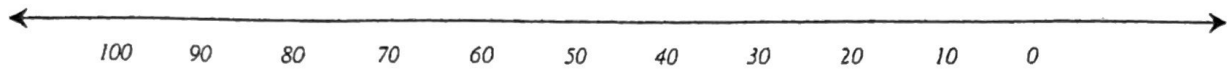
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GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)*

Patient Name: _____

Consider the psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical or environmental limitation.



CODE	CHARACTERISTICS
100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of positive qualities.
90	Absent of minimal symptoms, good functioning in all areas, interested in wide range of activities, socially effective, generally satisfied with life, no more than every day problems (mild anxiety, an occasional argument with family).
80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors no more than slight impairment in social, occupational or school functioning (difficulty concentrating after family argument, temporarily falling behind in schoolwork).
70	Some mild symptoms or some difficulty in social, occupational or school functioning but generally functioning pretty well, has some meaningful interpersonal relationships (depressed mood and mild insomnia, occasional truancy or theft within the household).
60	Moderate symptoms or moderate difficulty in social, occupational or school functioning (flat affect and circumstantial speech, occasional panic attacks, few friends, conflicts with peers or coworkers).
50	Serious symptoms or any serious impairment in social occupational or school functioning (suicidal ideation, severe obsessional rituals, frequent shoplifting, no friends, unable to keep a job).
40	Some impairment in reality testing or communication or major impairment in several areas such as work or school, family relations, judgement, thinking or mood (speech at times is illogical, obscure or irrelevant, depressed and avoid friends, neglectful of family, unable to work, defiant at home, failing in school).
30	Behavior is influenced by delusions/hallucinations/serious impairment in communication or judgement or inability to function in almost any area (suicidal, stays in bed all day, no job, no friends, no home).
20	Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene or impaired gross impairment in communication (suicide attempts, frequently violent, manic excitement, smears feces, mute).
10	Persistent danger of severely hurting self or others or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectations of death.
0	Inadequate information.

Signature/Title:	Date:
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SCOPE

Success in Primary Care through
Optimizing Psychiatric Evaluations

PHYSICIAN / PATIENT TOOLS

Generalized Anxiety Disorder 7 (GAD-7)

The GAD-7 is a brief clinical measure for the assessment of generalized anxiety disorder. This tool may serve as a screening instrument to identify probable cases of GAD, and the scale scores provide a measure of severity.

GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems? (circle the best answer)	Not at all	Several days	More than half the days	Nearly every day
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

GAD-7 Score and Anxiety Severity

GAD-7	Anxiety Severity
0-4	Minimal
5-9	Mild
10-14	Moderate
15-21	Severe

Spitzer et al have identified a cut off score of 10 or greater on the GAD-7 for identifying probable cases of GAD. Additional evaluation should be used to confirm a diagnosis of GAD.

Spitzer R, Kroenke K, Williams J, Lowe B. A brief measure for assessing generalized anxiety disorder. The GAD-7. *Arch Int Med.* 2006;166:1092-1097. Copyright © (2006). American Medical Association. All rights reserved.

GERIATRIC DEPRESSION SCALE (SHORT FORM)

Patient's Name: _____ Date: _____

Instructions: Choose the best answer for how you felt over the past week.

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	Yes / No	
2.	Have you dropped many of your activities and interests?	Yes / No	
3.	Do you feel that your life is empty?	Yes / No	
4.	Do you often get bored?	Yes / No	
5.	Are you in good spirits most of the time?	Yes / No	
6.	Are you afraid that something bad is going to happen to you?	Yes / No	
7.	Do you feel happy most of the time?	Yes / No	
8.	Do you often feel helpless?	Yes / No	
9.	Do you prefer to stay at home, rather than going out and doing new things?	Yes / No	
10.	Do you feel you have more problems with memory than most?	Yes / No	
11.	Do you think it is wonderful to be alive?	Yes / No	
12.	Do you feel pretty worthless the way you are now?	Yes / No	
13.	Do you feel full of energy?	Yes / No	
14.	Do you feel that your situation is hopeless?	Yes / No	
15.	Do you think that most people are better off than you are?	Yes / No	
TOTAL			

Scoring:

Assign one point for each of these answers:

- | | | | | |
|--------|--------|--------|---------|---------|
| 1. No | 4. Yes | 7. No | 10. Yes | 13. No |
| 2. Yes | 5. No | 8. Yes | 11. No | 14. Yes |
| 3. Yes | 6. Yes | 9. Yes | 12. Yes | 15. Yes |

A score of 0 to 5 is normal. A score above 5 suggests depression.

Source: [48]

Figure 3