SUBOXONE FILM NEW PATIENT INTRODUCTION

Our clinic restricts our treatment panel to a limited number of pre-qualified patients. This program accepts only patients who are serious about overcoming opiate addiction. Patients must provide confirmation of private insurance coverage for treatment prior to acceptance.

We do not accept HMO/Managed Care Insurance, Medicare, Cash or DSHS for this program.

We only prescribe Suboxone Film. We do not prescribe Suboxone in tablet form.

To register please complete STEP ONE.

**STEP ONE**
- Read the entire packet.
- Return completed forms to our office (see page 3).
- You will be contacted by phone if you are accepted for an evaluation.

**STEP TWO**
- If you are accepted, you will need to pay a deposit of $300 in order to schedule your Induction Appointment. At the end of treatment, your deposit will be refunded to you minus any costs not paid for by your insurance.
- You may be required to submit blood and urine samples for lab tests, HIV and other infections if you have shared needles. If you have had recent laboratory test, please bring copies.

**STEP THREE**
- Arrive IN WITHDRAWAL for an appointment of up to 3+ hours.
- See INSTRUCTIONS FOR INDUCTION APPOINTMENT which will instruct you when to take your last dose of narcotic before your appointment.
- Plan for a driver to accompany you to this appointment.
- If you are accepted for treatment, you will be given a prescription for Suboxone Film that you will fill at the pharmacy next to our office.
- Return for a test dose. The test dose can only be given to you if you are in withdrawal.
- Return 2 hours after the test dose.

**STEP FOUR**
- Each follow-up visit requires a pre-payment of $120 until you have met your deductible, after which the amount will be your co-pay and any balance on your account.
- Schedule a follow up visit in 2-3 days.
- Schedule a two-week visit.
- Schedule monthly visits thereafter.
- If a visit is missed, you will be required to re-apply for acceptance into the program. Re-acceptance is not guaranteed. A missed appointment fee of $85 must be paid before re-acceptance.
INSTRUCTIONS FOR YOUR APPOINTMENTS

INSTRUCTIONS FOR INDUCTION APPOINTMENT
1. Arrive 20 minutes early to complete paperwork.
2. Arrive with a full bladder (urine drug screening will be performed). You may wish to bring a water bottle. There is a water fountain in the lobby outside our office.
3. Bring all pill bottles.
4. Bring valid photo ID and insurance card.
5. Bring a driver.
6. **Must be in mild withdrawal** to insure treatment is started the first day. Withdrawal symptoms include sweating, restlessness, bone/joint aches, runny nose/tearing, tremor, yawning, anxiety/irritability, goose bumps.
   • No Methadone for at least 48 to 72 hours before your appointment. Methadone dose for the prior 7 days **must be** 30 mg/day or less.
   • No MS Contin, Oxycontin, Opanna for at least 24 hours before your appointment.
   • No Vicodin, Percocet, Heroin for at least 12 hours and preferably 24 hours before your appointment.
7. Induction appointment will last up to 3+ hours with a return to the clinic 2 hours after the test dose of Suboxone is given.

INSTRUCTIONS FOR ALL FOLLOW UP APPOINTMENTS
1. Arrive 20 minutes early with a full bladder so that we can obtain a urine sample before your visit.
2. Bring all pill bottles including Suboxone Film.

**Please write in your appointment times:**

<table>
<thead>
<tr>
<th>Induction Appt</th>
<th>Appt. #1</th>
<th>Time</th>
<th>Date</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>2-3 Day Follow Up</th>
<th>Appt. #2</th>
<th>Time</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>2 Week Follow Up</th>
<th>Appt. #3</th>
<th>Time</th>
<th>Date</th>
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</table>
PATIENT NAME ___________________________________________  RETURN THIS FORM

SUBOXONE MATERIALS CONFIRMATION

SUBOXONE FILM NEW PATIENT PACKET
INITIALS DOCUMENT

________ Instructions for your appointments

________ Suboxone Materials Confirmation  RETURN THIS FORM

________ Suboxone Information for Patients

________ Suboxone Treatment Financial Policies

________ Patient Treatment Contract

________ Follow up Appointment Protocol

________ Informed Consent

________ Suboxone Maintenance Treatment

________ Intake Questionnaire  RETURN THIS FORM

________ The Mood Disorder Questionnaire  RETURN THIS FORM

________ Beck Depression Inventory  RETURN THIS FORM

NEW PATIENT PACKET
INITIALS DOCUMENT

________ Patient Registration  RETURN THIS FORM

________ Health History Questionnaire  RETURN THIS FORM

________ Notice of Privacy Practice  RETURN THIS FORM

________ Authorization to Release Information  RETURN THIS FORM

My signature below and initials by the name of each individually listed document certifies that I fully understand and agree to the contents of each document.

Signature __________________________________________________________

Date ________________________________________________________________

Return:  Suboxone Materials Confirmation (this form)

Intake Questionnaire

Release of Information Consent

To:  Dr. Michael Lee

1530 North 115th Street, Suite 104

Seattle, WA 98133

Or fax to (206) 366-0907

You will be promptly notified of your acceptance for an evaluation.
SUBOXONE TREATMENT FINANCIAL POLICIES

We accept credit card, debit card or cash. No checks.

We require a deposit of $300 to schedule your Induction Appointment. At the end of treatment, your deposit will be refunded to you minus any costs not paid for by your insurance such as deductibles. If you do not show up to your appointment, your deposit will not be refunded. For cancellations with less than 24 hours notices, there is a $85 cancellation fee.

We require a pre-payment of $120 and your account to be paid in full to schedule follow up appointments.

Once your deductible has been met, we require you to pay your co-pay in advance and your account to be paid in full to schedule follow up appointments.

At the conclusion of your visit you will be asked to reserve your next visit. We do not wish you to undergo sudden withdrawal from Suboxone that will happen if you fail to reserve and keep your appointment.
PATIENT TREATMENT CONTRACT

As a participant in medication treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep, and be on time to, all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor’s office.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor’s office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor’s office and could result in my treatment being terminated without any recourse for appeal.
7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit will result in my not being able to get my medication/prescription until the next scheduled visit.
8. I agree to make another appointment in case of a lost prescription or stolen medication.
9. I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The Suboxone Film should be stored in a safe place, out of the reach of children. If anyone besides the patients ingests the medication, I agree to call the Poison Control Center or 911 immediately.
10. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
11. I understand that mixing this medicine with other medications, especially benzodiazepines (for example, Valium®, Klonopin®, or Xanax®), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
12. I agree to read the Medication Guide and consult my doctor should I have any
questions or experience any adverse events.

13. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.

14. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

15. **I agree to notify the clinic in case of a relapse to drug abuse.** Relapse to opiate drug abuse can result in being removed from the Suboxone program. An appropriate treatment plan must be developed as soon as possible. The physician should be informed of a relapse before random urine testing reveals it.

16. I agree to the guidelines of office operations. I understand the procedure for making appointments and paying for missed appointments and late cancellation fees. I have the phone number of this clinic and I understand the office hours. **I understand that no medications will be prescribed by phone or on weekends.** I understand that I am required to abide by these restraints in order to remain on the Suboxone treatment panel of this office.

17. I agree to comply with the required film counts and urine tests. Urine testing is a mandatory part of office maintenance. **The patient must be prepared to give a urine sample for testing at each clinic visit** and to show Suboxone film for a film count including reserve medication.

18. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except nicotine).

19. I agree to allow my doctor to test my blood alcohol level.

20. I understand that violations of the above may be grounds for termination of treatment.

21. I understand that the phone numbers I give will be used to contact me to remind me of appointments. I give my permission for the office staff to leave messages on these phone numbers.
FOLLOW UP APPOINTMENT PROTOCOL

Follow up appointments will be at least monthly. The visits are focused on evaluating compliance and the possibility of relapse. They include:

- Film counts
- Urine testing for drug abuse at every visit
- An interim history of any new medical problems or social stressors
- Prescription of medication

**No refills of Suboxone will be made for any reason except during a clinic visit.**

- Appointments do not include evaluation or care for other problems outside of Suboxone management. Should you have other medical conditions that you wish to address, you will need to schedule a separate appointment.

**Dangerous behavior, relapse and relapse prevention.**

The following behavior “red flags” will be addressed with the patient as soon as they are noticed:

- Missing appointments
- Running out of medication too soon
- Taking medication off schedule
- Refusing urine testing
- Neglecting to mention new medication or outside treatment
- Agitated behavior
- Frequent or urgent inappropriate phone calls
- Outbursts of anger
- Lost or stolen medication
- Non-payment of visit bills as agreed, missed appointments or cancellations within 24 hours of your appointment

- Treatment may be discontinued if these behaviors occur
INFORMED CONSENT

Please read this information carefully. Suboxone (buprenorphine + naloxone) is an FDA approved medication for treatment of people with opiate (narcotic) dependence. Suboxone is a weak opiate and reverses actions of other opiates. It can cause a withdrawal reaction from standard narcotics or Methadone while at the same time having a mild narcotic pain relieving effect from the Suboxone.

The use of Suboxone can result in physical dependence of the buprenorphine, but withdrawal is much milder and slower than with heroin or Methadone. If Suboxone is suddenly discontinued, patients will have only mild symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, Suboxone may be discontinued gradually, usually over several weeks or more.

Because of its narcotic-reversing effect, if you are dependent on opiates, you should be in as much withdrawal as possible when you take the first dose of Suboxone. If you are not in withdrawal at the time of your Induction visit, you may not be given Suboxone, as it can cause severe opiate withdrawal while you are still experiencing the effect of other narcotics. You will be given the first dose in our clinic and you must return to the office after two hours. After that, you will be given further instructions.

Some patients find that it takes several days to get used to the transition to Suboxone from the opiate they had been using. After stabilized on Suboxone, other opiates will have virtually no effect. Attempts to override the Suboxone by taking more opiates could result in an opiate overdose. Do not take any other medication without discussing it with your physician first. Combining Suboxone with alcohol or some other medications may also be hazardous. The combination of Suboxone with mediation such as Valium, Librium, Ativan, or Xanax has resulted in deaths.

The form of Suboxone given in this program is a combination of buprenorphine with a short-acting opiate blocker, naloxone. If the Suboxone Film was dissolved and injected by someone taking heroin or another strong opiate it would cause severe opiate withdrawal.

Suboxone Film must be held under the tongue until completely dissolved. It is then absorbed from the tissue under the tongue. If swallowed, Suboxone is not well absorbed from the stomach and the desired benefit will not be experienced.

We do not prescribe, under any circumstances, narcotics, Methadone, or sedatives for patients desiring maintenance or detoxification from narcotics. All Suboxone must be purchased at private pharmacies. We will not supply any Suboxone.
SUBOXONE TREATMENT MAINTENANCE

Suboxone treatment may be discontinued for several reasons:

• Suboxone controls withdrawal symptoms and is an excellent maintenance treatment for many patients. If you are unable to stop your heroin abuse or if you continue to feel like using narcotics, even at the top doses of Suboxone, the doctor will discontinue treatment with Suboxone and you will be required to seek help elsewhere.

• There are certain rules and patient agreements that are part of Suboxone treatment. All patients are required to read and acknowledge these agreements by signature upon admission to the treatment panel. If you do not abide by these agreements you may be discharged from the Suboxone treatment program.

• Prompt payment of clinic fees is part of this program. If your account does not remain current as agreed, appointments cannot be scheduled. If appointments cannot be kept as agreed, your status as an active patient will be cancelled – no exceptions.

• In the rare case of an allergic reaction to medication, Suboxone must be discontinued.

• Dangerous or inappropriate behavior that is disruptive to our clinic or to other patients will result in your discharge from the Suboxone treatment. This includes patients who come to the clinic intoxicated or on other narcotics, Valium, barbiturates or Xanax like medications.

• In the case of dangerous behavior there will be no two-week taper. You will be discharged and asked not to return to the clinic.
PATIENT NAME ______________________________

RETURN THIS FORM

INTAKE QUESTIONNAIRE page 1 of 3
FOR PROSPECTIVE SUBOXONE PATIENT

PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH WILL HELP US DESIGN YOUR PLAN OF TREATMENT

   Substance(s)? ________________________________
   How long using? ________________________________
   How much? ________________________________
   How often? ________________________________

2. Have you been previously treated with Suboxone? □ yes □ no
   When was your last treatment? ________________________________
   How long were you treated? ________________________________

3. Is there any problem that makes it difficult for you to give routine urine specimens? □ yes □ no

4. List all past drug or present drug and/or alcohol treatments, locations, and dates:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5. What caused you to start on opiates originally?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Are these reasons listed in #5 above still a problem now?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

7. What coping methods have you developed to deal with triggers to relapse?
   ___________________________________________________________________
INTAKE QUESTIONNAIRE page 2 of 3
FOR PROSPECTIVE SUBOXONE PATIENT

8. What kinds of help are you currently receiving, or do you need, from a counselor or psychiatrist?
________________________________________________________________________________________
________________________________________________________________________________________

9. What benefit do you expect from Suboxone?
________________________________________________________________________________________
________________________________________________________________________________________

10. Is anyone in your home actively addicted to drugs or alcohol? □ yes □ no
Who? ___________________________ What substance? ___________________________

11. What are the major sources of stress in your life?
________________________________________________________________________________________
________________________________________________________________________________________

12. What are your major strengths to deal with the stress in your life?
________________________________________________________________________________________
________________________________________________________________________________________

13. Who will be your primary care physician during this time?
________________________________________________________________________________________
________________________________________________________________________________________

14. Are there any current legal issues we should be aware of (e.g., probation or parole)? □ yes □ no (Please describe)
________________________________________________________________________________________
________________________________________________________________________________________

15. Please describe your current living arrangements: ___________________________
________________________________________________________________________________________
________________________________________________________________________________________

16. Does anyone in your family (mother, father, brother/sister, child, aunt/uncle, or grandparent) have a history of substance abuse? □ yes □ no (Please describe)
________________________________________________________________________________________
________________________________________________________________________________________

17. Are you currently employed? □ yes □ no If yes, how many hours per week? _____
18. Are you pregnant? □ N/A □ no □ yes □ Not Sure

19. The safety of your Suboxone medication or prescription is your responsibility. Requests for replacement Suboxone will not be honored without an appointment. Do you understand that following the loss or theft of your prescription, it is at the discretion of our physician to determine whether you will be allowed to continue in this program? □ yes □ no

I have completed this form truthfully and to the best of my ability.

Signature _______________________________ Date _______________________
INFORMATION FOR FAMILY MEMBERS
Family members of patients who have been prescribed Suboxone for treatment of addiction often have questions.

What is an opioid?
Opioids are addictive narcotics in the same family as opium and heroin. This includes many prescription pain medications such as Codeine, Vicodin, Demerol, Dilaudid, Morphine, Oxycontin, and Percocet, Methadone, and Suboxone.

Why are opioids used to treat addiction?
Many family members wonder why Suboxone is used to treat opiate addiction since it is in the same family as heroin. Isn’t this substituting one addiction for another? Suboxone is not “just substitution”. It is blocking the opiate sites in the body and preventing any response to any opiates taken.

What is the right dose of Suboxone?
The “right” dose of Suboxone is the dose that prevents any response to opiates. The dose is not changed due to persisting pain. Suboxone is not to be used to treat pain.

How can the family support treatment?
Even though maintenance treatment for opiate addiction works very well, it is NOT a cure by itself. This means that the patient may continue to need the blocking opiate dose of Suboxone with regular monitoring by our clinic. This is similar to other chronic disease, such as diabetes, or asthma, which requires long-term treatment. The best way to help support the patient is to encourage regular medical care and encourage the patient not to skip or forget to take medication. It is our goal to encourage the patient to learn to live independent of Suboxone. This will take counseling and time.

Regular Medical Care: Most patients will be required to see us for ongoing Suboxone treatment every two to four weeks once stabilized. If the patient misses an appointment s/he may not be able to refill the medication on time and may even go into withdrawal. The patient will be asked to bring the medication container to each visit and will be asked to give urine samples at the time of visit.

Special Medical Care: Some patients may also need care for other medical problems, such as hepatitis or HIV (AIDS) disease. We can provide you a referral to physicians who can treat these illnesses.

Counseling: Patients who are recovering from addiction usually need counseling at some point in their care. We encourage patients to keep any other regular appointments with an individual counselor or group therapy. These appointments are key parts of treatment and work together with the Suboxone program to improve success in addiction treatment. Sometimes family members may be asked to join in family therapy sessions, which also are geared to improve addiction care. It is our belief that successful withdrawal will only come
when there has first been a change of heart and mind about God’s purpose in his or her life. This is a core principal of the 12 Step Programs such as Narcotics Anonymous.

Meetings: Most patients use some kind of recovery group to maintain sobriety. In the first year of recovery some patients go to meetings every day or several times per week. These meetings work to improve success in treatment, in addition to taking Suboxone. Family members may have their own meetings, such as Al-Anon or ACA, to support them in adjusting to life with a loved one who has an addiction.

Taking the medication: Suboxone is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that this takes a few minutes. While the medication is dissolving, the patient will not be able to answer the phone, or the doorbell, or speak very easily. This means that the family will get used to the patient being “out of commission” for a few minutes whenever the regular dose is scheduled.

Storing the medication: If Suboxone is lost or misplaced, the patient may skip doses or go into withdrawal. It is very important to find a good place to keep the medication safely at home, away from children or pets, and always in the same location so it can be easily found. The doctor may give the patient a few reserve Films, in case an appointment has to be rescheduled or there is an emergency of some kind. To avoid confusion, it is best if the location of the Suboxone is NOT next to the vitamins, aspirin, or other over-the-counter medications. If a family member or visitor takes Suboxone by mistake, s/he should be checked by a physician immediately.

What does Suboxone treatment mean to the family?
When chronic disease goes untreated, they have severe complications which lead to disability and death. Fortunately, Suboxone maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes that the patient has to make to remain clean and sober.

Chronic disease means the disease is there every day and may need to be treated for a long time. This takes time and attention away from other things and family members may resent the effort, time and money it takes for Suboxone treatment and counseling. It might help to compare addiction to other chronic diseases like diabetes or high blood pressure. After all, it takes time to make appointments to go the doctor for blood pressure checks and it may annoy the family if the food has to be low in cholesterol or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or stroke for their loved one.

It is our hope that we can assist the patient in becoming drug free. Research is showing that some persons have more risk for becoming addicted than others, and that some of the risk is genetic. So when one member develops heroin addiction, it means that other blood relatives should consider themselves at risk of developing addiction or alcoholism. It is especially important for young people to know they are especially at risk, even with alcohol, of becoming addicted.

Sometimes when the patient improves and starts feeling “normal”, the family has to get used to
the “new” person. The family interactions might have been all about trying to help this person in trouble. Now s/he is no longer in so much trouble. Some families can use some help themselves during this change and might ask for family therapy for awhile.

**In summary:** Family support can be very helpful to patients on Suboxone treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care and heart/spiritual change for it to be successful. In addition to understanding a little about how the medication works it is important for the family to also come to understand the spiritual side of this struggle. Often, the family members can greatly benefit from a heart change as well.
The Mood Disorder Questionnaire (MDQ)

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor. However, a positive screen here may suggest that you might benefit from seeking such an evaluation from your doctor. Regardless of the questionnaire results, if you or someone you know has concerns about your mental health, please contact your physician or another healthcare professional.

**INSTRUCTIONS:** Please answer each question as best you can.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has there ever been a period of time when you were not your usual self and...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>... you felt so good or so hyper that other people thought you were not your normal self or you got into trouble?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you were so irritable that you shouted at people or started fights or arguments?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you felt much more self-confident than usual?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you got much less sleep than usual and found that you didn’t really miss it?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you were more talkative or spoke much faster than usual?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... thoughts raced through your head or you couldn’t slow your mind down?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you were so easily distracted by things around you that you had trouble concentrating or staying on track?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you had much more energy than usual?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you were much more active or did many more things than usual?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you were much more interested in sex than usual?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>... spending money got you or your family in trouble?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. How much of a problem did any of these cause you - like being able to work; having family, money or legal troubles; getting into arguments or fights?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O No problem</td>
<td>O Minor problem</td>
<td>O Moderate problem</td>
</tr>
<tr>
<td>4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Beck Depression Inventory

CRTN: _____ CRF number: _____ Page 14 patient inits: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness
   0 I do not feel sad.
   1 I feel sad much of the time.
   2 I am sad all the time.
   3 I am so sad or unhappy that I can’t stand it.

2. Pessimism
   0 I am not discouraged about my future.
   1 I feel more discouraged about my future than I used to be.
   2 I do not expect things to work out for me.
   3 I feel my future is hopeless and will only get worse.

3. Past Failure
   0 I do not feel like a failure.
   1 I have failed more than I should have.
   2 As I look back, I see a lot of failures.
   3 I feel I am a total failure as a person.

4. Loss of Pleasure
   0 I get as much pleasure as I ever did from the things I enjoy.
   1 I don’t enjoy things as much as I used to.
   2 I get very little pleasure from the things I used to enjoy.
   3 I can’t get any pleasure from the things I used to enjoy.

5. Guilty Feelings
   0 I don’t feel particularly guilty.
   1 I feel guilty over many things I have done or should have done.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.

6. Punishment Feelings
   0 I don’t feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

7. Self-Dislike
   0 I feel the same about myself as ever.
   1 I have lost confidence in myself.
   2 I am disappointed in myself.
   3 I dislike myself.

8. Self-Criticalness
   0 I don’t criticize or blame myself more than usual.
   1 I am more critical of myself than I used to be.
   2 I criticize myself for all of my faults.
   3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes
   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.

10. Crying
    0 I don’t cry anymore than I used to.
    1 I cry more than I used to.
    2 I cry over every little thing.
    3 I feel like crying, but I can’t.
### Beck Depression Inventory

**Baseline**

<table>
<thead>
<tr>
<th>11. Agitation</th>
<th>17. Irritability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 I am no more restless or wound up than usual.</td>
<td>0 I am no more irritable than usual.</td>
</tr>
<tr>
<td>1 I feel more restless or wound up than usual.</td>
<td>1 I am more irritable than usual.</td>
</tr>
<tr>
<td>2 I am so restless or agitated that it’s hard to stay still.</td>
<td>2 I am much more irritable than usual.</td>
</tr>
<tr>
<td>3 I am so restless or agitated that I have to keep moving or doing something.</td>
<td>3 I am irritable all the time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Loss of Interest</th>
<th>18. Changes in Appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 I have not lost interest in other people or activities.</td>
<td>0 I have not experienced any change in my appetite.</td>
</tr>
<tr>
<td>1 I am less interested in other people or things than before.</td>
<td>1a My appetite is somewhat less than usual.</td>
</tr>
<tr>
<td>2 I have lost most of my interest in other people or things.</td>
<td>1b My appetite is somewhat greater than usual.</td>
</tr>
<tr>
<td>3 It’s hard to get interested in anything.</td>
<td>2a My appetite is much less than before.</td>
</tr>
<tr>
<td></td>
<td>2b My appetite is much greater than usual.</td>
</tr>
<tr>
<td></td>
<td>3a I have no appetite at all.</td>
</tr>
<tr>
<td></td>
<td>3b I crave food all the time.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>13. Indecisiveness</th>
<th>19. Concentration Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 I make decisions about as well as ever.</td>
<td>0 I can concentrate as well as ever.</td>
</tr>
<tr>
<td>1 I find it more difficult to make decisions than usual.</td>
<td>1 I can’t concentrate as well as usual.</td>
</tr>
<tr>
<td>2 I have much greater difficulty in making decisions than I used to.</td>
<td>2 It’s hard to keep my mind on anything for very long.</td>
</tr>
<tr>
<td>3 I have trouble making any decisions.</td>
<td>3 I find I can’t concentrate on anything.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Worthlessness</th>
<th>20. Tiredness or Fatigue</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 I do not feel I am worthless.</td>
<td>0 I am no more tired or fatigued than usual.</td>
</tr>
<tr>
<td>1 I don’t consider myself as worthwhile and useful as I used to.</td>
<td>1 I get more tired or fatigued more easily than usual.</td>
</tr>
<tr>
<td>2 I feel more worthless as compared to other people.</td>
<td>2 I am too tired or fatigued to do a lot of the things I used to do.</td>
</tr>
<tr>
<td>3 I feel utterly worthless.</td>
<td>3 I am too tired or fatigued to do most of the things I used to do.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>0 I have as much energy as ever.</td>
<td>0 I have not noticed any recent change in my interest in sex.</td>
</tr>
<tr>
<td>1 I have less energy than I used to have.</td>
<td>1 I am less interested in sex than I used to be.</td>
</tr>
<tr>
<td>2 I don’t have enough energy to do very much.</td>
<td>2 I am much less interested in sex now.</td>
</tr>
<tr>
<td>3 I don’t have enough energy to do anything.</td>
<td>3 I have lost interest in sex completely.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Changes in Sleeping Pattern</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 I have not experienced any change in my sleeping pattern.</td>
<td>1a I sleep somewhat more than usual.</td>
<td></td>
</tr>
<tr>
<td>1b I sleep somewhat less than usual.</td>
<td>2a I sleep a lot more than usual.</td>
<td></td>
</tr>
<tr>
<td>2b I sleep a lot less than usual.</td>
<td>3a I sleep most of the day.</td>
<td></td>
</tr>
<tr>
<td>3b I wake up 1-2 hours early and can’t get back to sleep.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>