



FREEDOM  
Ketamine Treatment Centers

## Ketamine Questionnaires

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, 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

## Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.  
Don't take too long over your replies: your immediate is best.

D	A		D	A	
		<b>I feel tense or 'wound up':</b>			<b>I feel as if I am slowed down:</b>
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		<b>I still enjoy the things I used to enjoy:</b>			<b>I get a sort of frightened feeling like 'butterflies' in the stomach:</b>
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		<b>I get a sort of frightened feeling as if something awful is about to happen:</b>			<b>I have lost interest in my appearance:</b>
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		<b>I can laugh and see the funny side of things:</b>			<b>I feel restless as I have to be on the move:</b>
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		<b>Worrying thoughts go through my mind:</b>			<b>I look forward with enjoyment to things:</b>
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		<b>I feel cheerful:</b>			<b>I get sudden feelings of panic:</b>
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		<b>I can sit at ease and feel relaxed:</b>			<b>I can enjoy a good book or radio or TV program:</b>
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Please check you have answered all the questions

### Scoring:

Total score: Depression (D) \_\_\_\_\_ Anxiety (A) \_\_\_\_\_

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen Version*

<b>SUICIDE IDEATION DEFINITIONS AND PROMPTS</b>	<b>Past month</b>	
<b>Ask questions that are bolded and <u>underlined</u>.</b>	<b>YES</b>	<b>NO</b>
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.  <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/commit suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan.  <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.</i> "  <u><b>Have you been thinking about how you might kill yourself?</b></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> "  <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.  <u><b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></u>		
<b>6) Suicide Behavior Question:</b>  <u><b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b></u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.  <b>If YES, ask: <u>How long ago did you do any of these?</u></b> • Over a year ago?    • Between three months and a year ago?    • Within the last three months?		