

# M3info.ai Mood Review ©

Name

Sample Test

8/8/2023 9:20:49

Terms and Conditions

Accept

02/08/2002

Female

## How to Read your [M3 ai Report](#)

If you feel at risk of self-harm please contact the National Suicide Hotline a 24-hour a day guidance and support at Lifeline at #988.

The National Treatment and Referral Service 1-800-662-HELP (4357), is a free, confidential 24 hour a day, 365 day a year, information service for individuals facing mental and/or substance use disorder.

The responses and associated risk scores are listed below. This report is solely intended to facilitate a discussion between you and your advisors and is not designed to provide a diagnosis without the confirmation of a clinician. The maker and provider of this form accepts no liability, direct or indirect, associated with its use.

Assessment

Risk / Severity Rating

Score / Response

### A. M3 Overall Mood Score (a)

The total M3 Score indicates one's overall burden of mental health symptoms. Results up to 32 suggest good mental health, while scores of 33 and above are cause for (increasing) concern.

73

Low 0-1  
Mild 2-32  
Moderate 33-51  
Severe >51

#### 1 Functional Score - Over the last two weeks

A psychiatric diagnosis involves some degree of impairment in home, work or school functioning, which is reflected in your Gateway Score. But in addition, a certain number of symptoms must exist for a diagnosis to be accurately arrived at. Your Diagnosis Risk reported here reflects both functioning & symptom burden in its result.

12

The Functional Impairment Questions (Questions 5 and 24 through 27) address functional status, substance use, and thoughts of suicide. Positive answers to these questions should be followed by additional questions to understand what the patient means.

I have had thoughts of suicide

+

3

my symptoms interfere with work or school

2

my symptoms affect my relationship with family

4

my symptoms have led to me using alcohol by:

0

my symptoms have led to my using other substances

+

3

Low 0-6  
Mild 7-12  
Moderate 13-19  
Severe >19

#### 2 Depression

Severe

21

#### 3 Anxiety

"Risk" here indicates one's risk for each of the four clinical diagnoses. These subscores are sensitive to change over time, and reviewing these risk ratings should include discussion of one's responses to each of the relevant questions.

26

Low 0-10  
Mild 11-21  
Moderate 22-33  
Severe >33

#### 4 PTSD

11

Low 0-3  
Mild 4-7  
Moderate 8-11  
Severe >11

#### 5 Bipolar Disorder (Please confirm any family history of bipolar disorder (or "Manic-Depression"))

Mild

5

Low 0-3  
Mild 4-7  
Moderate 8-11  
Severe >11

Ask the Patient to describe suicidal thoughts, if any, even if reported as rare. It is important to ask the patient to describe suicidal thoughts if any, even if reported as rare.

Over the last two weeks have you: 0 = Not at All / 1 = Rarely / 2 = Sometimes / 3 = Often / 4 = Most of the Time

Depression	Symptom / Category	Response	Other Depression Symptoms to ask about
1	I feel sad, down in the dumps or unhappy	4	
2	I can't concentrate or focus:	4	<ul style="list-style-type: none"> <li>feelings of worthlessness or excessive guilt</li> </ul>
3	Nothing seems to give me much pleasure:	3	<ul style="list-style-type: none"> <li>psychomotor agitation or retardation</li> </ul>
4	I feel tired; have no energy:	3	<ul style="list-style-type: none"> <li>aches and pains</li> </ul>
+ 5	I have had thoughts of suicide:	3	<ul style="list-style-type: none"> <li>recurrent thoughts of death or suicide</li> </ul>
6a	Changes in sleeping patterns : I have difficulty sleeping:	3	
6b	Changes in sleeping patterns : I have been sleeping too much:	3	
7a	Changes in appetite: I have lost some appetite:	1	
7b	Changes in appetite: I have been eating more:	2	
<p>These are your responses to the questions. Please follow up with a professional should you feel in need of help.</p>			
Anxiety and PTSD	Symptom / Category	Response	Other Anxiety an PTSD Symptoms to ask about
8	I feel tense, anxious or can't sit still:	4	<ul style="list-style-type: none"> <li>muscle tension</li> </ul>
9	I feel worried or fearful:	3	<ul style="list-style-type: none"> <li>aches and pains</li> </ul>
10	I have attacks of anxiety or panic:	2	<ul style="list-style-type: none"> <li>palpitations, choking feeling, chest pain, discomfort or dizziness</li> </ul>
11	I worry about dying or losing control:	4	<ul style="list-style-type: none"> <li>sweating, hot or cold flashes or trembling</li> </ul>
12	I am nervous or shaky in social situations:	2	<ul style="list-style-type: none"> <li>anxiety or panic associated with social settings or public speaking</li> </ul>
13	I have nightmares or flashbacks:	3	
14	I am jumpy or feel startled easily:	0	
15	I avoid places that strongly remind me of a bad experience:	4	<ul style="list-style-type: none"> <li>ask patient with sensitivity about any history of trauma</li> </ul>
16	I feel dull, numb, or detached:	4	

17	I can't get certain thoughts out of my mind:		4	<ul style="list-style-type: none"> <li>excessive handwashing or fear of contamination</li> </ul>
18	I feel I must repeat certain acts or rituals:	Obsessive Compulsive Disorder	3	<ul style="list-style-type: none"> <li>preoccupation with order or symmetry</li> </ul>
19	I feel the need to check and recheck things:		4	<ul style="list-style-type: none"> <li>counting or repeating words</li> </ul>
Unstable Mood / Bipolar Disorder		Symptom / Category	Response	Other Bipolar or Mania Symptoms to ask about
Over your lifetime or since you have last taken this assessment have you ever:				<ul style="list-style-type: none"> <li>grandiosity, inflated self-worth</li> </ul>
20	Had more energy than usual:	Mania / Disolar Disorder	0	<ul style="list-style-type: none"> <li>talkative, intrusive behavior</li> </ul>
21	Felt unusually irritable or angry:		3	<ul style="list-style-type: none"> <li>increased goal-directed activity</li> </ul>
22	Felt unusually excited, revved up or high:	(Please confirm any family history of bipolar disorder (or "Manic-Depression"))	2	<ul style="list-style-type: none"> <li>distractability</li> </ul>
23	Needed less sleep than usual:		0	<ul style="list-style-type: none"> <li>risky behavior (unwise investing, sexual indiscretion, etc.)</li> </ul>
Impairment		Symptom / Category	Response	Other Impairment Symptoms to ask about
Indicate whether any of the above symptoms:				
24	interfere with work or school:		2	<ul style="list-style-type: none"> <li>what causes you to want to self medicate</li> </ul>
+ 25	affect my relationships with friends or family:	Impairment	4	
26	led to my using alcohol to get by:		0	<ul style="list-style-type: none"> <li>how does the above symptoms interfere or affect your life</li> </ul>
+ 27	led to my using other substances:		3	

If you as the patient feel at risk of self-harm please contact for 24-hour a day guidance and support at Lifeline at 1-800-273-8255.

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test	Category	Response	Threshold	Over Threshold
	Suicide	3	0	3
	Family	2	2	0
	Work	4	2	2
	Alcohol	0	2	-2
	Drugs	3	2	1
	Total			4

A. M3 Mental Health Checklist - Ann Fam Med. 2010 Mar; 8(2): 160-169. doi: 10.1370/afm.1092 PMID: PMC2834723 PMID: 20212303 Feasibility and Diagnostic Validity of the M-3 Checklist: A Brief, Self-Rated Screen for Depressive, Bipolar, Anxiety, and Post-Traumatic Stress Disorders in Primary Care - Bradley N. Gaynes, MD, MPH,1 Joanne DeVeauugh-Geiss, MA, LPA,1 Sam Weir, MD,2 Hongbin Gu, PhD,1 Cora MacPherson, PhD,3 Herbert C. Schulberg, PhD, MSHyg, 4 Larry Culpepper, MD, MPH, and 5 David R. Rubinow, MD