

NurseMentalHealth

Name

Sample Report

7/19/2025 3:58:26

Birthdate

2000-03-03

What is your gender?

Female

What is your address?

123 Main Street

City / State

Tampa, Florida - FL

What is your Zip Code

12345

In order to receive a copy of your report please enter your email address below.

support@m3review.com

If any of your results fall into the Moderate or Severe range, we encourage you to speak with a licensed counselor to better understand what your scores mean and explore treatment options. eHome Counseling can match you with an in-network therapist who can review your results and provide personalized support. These sessions are often covered by your insurance at little or no cost, making it easy to get the care you deserve. Go to www.ehomegroup.com or call 888 853-7908

School District

Insurance Provider

CareFirst

What is your phone number?

345-456-7890

Insurance Member ID

34567890

By choosing Yes I authorize releasing my contact information and assessment results to eHome Counseling to facilitate mental health care and treatment.

Yes

What is the preferred way for us to contact you?

SMS

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)	Severe	66
		Low 0-1 Mild 2-32 Moderate 33-51 Severe >51	
1	Functional Score - Over the last two weeks	+	9
	I have had thoughts of suicide		0
	my symptoms interfere with work or school:	+	4
	my symptoms affect my relationship with friends of family	+	4

	my symptoms have led to me using alcohol to get by:		1	
	my symptoms have led to my using other substances		0	
2	Depression	Severe	21	Low 0-6 Mild 7-12 Moderate 13-19 Severe >19
3	Anxiety	Moderate	26	Low 0-10 Mild 11-21 Moderate 22-33 Severe >33
4	PTSD	Mild	6	Low 0-3 Mild 4-7 Moderate 8-11 Severe >11
5	Bipolar Disorder	Moderate	10	Low 0-3 Mild 4-7 Moderate 8-11 Severe >11

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
1	I feel sad, down in the dumps or unhappy		3
2	I can't concentrate or focus:		4
3	Nothing seems to give me much pleasure:		4
4	I feel tired; have no energy:	Depression	3
5	I have had thoughts of suicide:		0
6a	Changes in sleeping patterns : I have difficulty sleeping:		4
6b	Changes in sleeping patterns : I have been sleeping too much:		3
7a	Changes in appetite: I have lost some appetite:		2
7b	Changes in appetite: I have been eating more:		3
Anxiety and PTSD		Symptom / Category	Response
8	I feel tense, anxious or can't sit still:	Generalized Anxiety Disorder	3
9	I feel worried or fearful:		3
10	I have attacks of anxiety or panic:	Panic Disorder	3
11	I worry about dying or losing control:		0

12	I am nervous or shaky in social situations:	Social Anxiety Disorder	1
13	I have nightmares or flashbacks:		0
14	I am jumpy or feel startled easily:		0
15	I avoid places that strongly remind me of a bad experience:	Post Traumatic Stress Disorder	3
16	I feel dull, numb, or detached:		3
17	I can't get certain thoughts out of my mind:		3
18	I feel I must repeat certain acts or rituals:	Obsessive Compulsive Disorder	3
19	I feel the need to check and recheck things:		4
Unstable Mood / Bipolar Disorder			
Symptom / Category		Response	
If this is your first time completing an M3 the following questions relate to your entire previous lifetime history. If you have taken the M3 before, the following questions relate to your experience only since you last completed an M3 .			
20	Had more energy than usual:	Mania / Disolar Disorder	4
21	Felt unusually irritable or angry:		2
22	Felt unusually excited, revved up or high:	(Please confirm any family history of bipolar disorder (or "Manic-Depression"))	2
23	Needed less sleep than usual:		2
Impairment			
Symptom / Category		Response	
Have any of the above symptoms;			
+	24	interfered with work or school:	4
+	25	affected your relationships with friends or family:	4
	26	led to my using alcohol to get by:	1
	27	led to my using other substances:	0

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.

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 DeVeaugh-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

