



EXCLUSIONARY CRITERIA

The following questions can be used to help identify other concurrent disorders which could affect the ability of DAWN to be appropriate for a patient. Note that further assessment may be required.

Bipolar Disorder		
Did a doctor ever say you were manic-depressive or had bipolar disorder?	Y	N
Did a doctor ever prescribe lithium, Depakote, Tegretol, or Lamictal to you? <ul style="list-style-type: none"> • If yes, were you prescribed lithium, Depakote, Tegretol or Lamictal for having a period of being so excited or irritable that you got into trouble or your family/friends worried about it? 	Y	N
Have you ever had a <i>distinct period of time, lasting at least four days in a row</i> , when you were feeling “up” or “high” or so full of energy or full of yourself that you got into trouble, or other people thought you were not your usual self? <ul style="list-style-type: none"> • Do not consider times when you were intoxicated on drugs or alcohol. • By “up” or “high” we mean having elated mood; being full of ideas; having an increase in productivity, motivation, creativity or impulsive behavior. 	Y	N
Have you ever had a <i>distinct period of time, lasting at least four days in a row</i> , of being so persistently irritable that you had multiple arguments or verbal or physical fights, or shouted at people outside your family?	Y	N
During this <i>distinct period of time, lasting at least four days in a row</i> , when you felt high, full of energy, or irritable did you: <ul style="list-style-type: none"> • Feel that you could do things others couldn’t do, or that you were an especially important person? • Need less sleep (for example, feel rested after only a few hours sleep)? • Talk too much without stopping, or so fast that people had difficulty understanding? • Have racing thoughts? • Become easily distracted so that any little interruption could distract you? • Become so active or physically restless that others were worried about you? • Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)? 	Y	N
<i>If the patient answered “yes” to any of the above questions, careful clinical assessment should be done to ensure active, current, or history of Bipolar Disorder. Ensure she is connected to more intensive mental health treatment resources.</i>		

Continued



Psychosis		
Have you ever believed that people were spying on you, or that someone was plotting against you or trying to hurt you?	Y	N
Have you ever heard things other people couldn't hear, such as voices?	Y	N
<ul style="list-style-type: none"> If yes, did you hear a voice commenting on your thoughts or behavior, or did you hear two or more voices talking to each other? 	Y	N
Did a doctor ever say that you have schizophrenia or a schizoaffective disorder?	Y	N
<i>If the patient is actively psychotic or has a history of psychosis, the DAWN program would not be a good fit for her needs. Ensure she is connected to other, more intensive mental health treatment resources.</i>		

Prior Suicidal Behavior		
Have you ever made any plans to harm or kill yourself?	Y	N
Have you taken any steps toward carrying them out, or do you intend to do so?	Y	N
Has any family member attempted or committed suicide?	Y	N
In your lifetime, have you been hospitalized more than one time for a suicide attempt?	Y	N
<i>If the patient is actively suicidal or has a history of emergency room visits and/or hospitalizations for more than one suicide attempt, the DAWN program is probably not appropriate to meet her needs. Ensure that the patient is connected to appropriate mental health treatment to address the level of her suicidal ideation.</i>		

Psychiatric Treatment		
Have you had an appointment with a psychiatrist in the past 4 months?	Y	N
<ul style="list-style-type: none"> If yes, do you have an appointment with this or another psychiatrist in the next month? 	Y	N
<i>If the patient is actively engaged in psychiatric treatment, she is probably receiving appropriate care and DAWN is not indicated.</i>		

Continued



Substance Use		
In the <i>last 6 months</i> , have you ever felt you ought to cut down on your drinking or drug use?	Y	N
In the <i>last 6 months</i> , have people annoyed you by criticizing your drinking or drug use?	Y	N
In the <i>last 6 months</i> , have you ever felt bad or guilty about your drinking or drug use?	Y	N
In the <i>last 6 months</i> , have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	Y	N
<i>If the patient is currently abusing substances, the DAWN program is probably not appropriate to meet her needs. Recommend substance use treatment and/or support programs.</i>		

Intimate Partner Violence		
In the <i>last year</i> , have you been hit, slapped, kicked, otherwise physically hurt, or forced to have an unwanted sexual act by your <i>current or former</i> spouse, boyfriend/girlfriend, or partner?	Y	N
If yes, are you still in a relationship with the person(s) who hurt you?	Y	N
If no, has it been two months or longer since that relationship ended?	Y	N
<i>If the patient has experienced partner violence and she is either still in the relationship or it ended less than two months ago, the DAWN program is probably not appropriate to meet her needs. Recommend intimate partner violence programs and assistance.</i>		