

Part I

Which (if any) of these symptoms persist most of the day, daily, for at least 2 weeks in a row.<sup>5</sup>

MDD A1 Depressed mood—indicated by subjective report or observation by others (in children and adolescents, can be irritable mood).

MDD A2 Loss of interest or pleasure in almost all activities—indicated by subjective report or observation by others.

MDD A3 Significant (more than 5 percent in a month) unintentional weight loss/gain or decrease/increase in appetite (in children, failure to make expected weight gains).

MDD A4 Sleep disturbance (insomnia or hypersomnia).

MDD A5 Psychomotor changes (agitation or retardation) severe enough to be observable by others.

MDD A6 Tiredness, fatigue, or low energy, or decreased efficiency with which routine tasks are completed.

MDD A7 A sense of worthlessness or excessive, inappropriate, or delusional guilt (not merely self-reproach or guilt about being sick).

MDD A8 Impaired ability to think, concentrate, or make decisions—indicated by subjective report or observation by others.

MDD A9 Recurrent thoughts of death (not just fear of dying), suicidal ideation, or suicide attempts.

Which (if any) of these symptoms have been occurring more days than not for at least 6 months

GA A. Excessive anxiety and worry (apprehensive expectation), about a number of events or activities? Please specify the events or activities.

GA B. You find it difficult to control the worry.

GA C<sup>3</sup>      Restlessness or feeling keyed up or on edge  
                 Being easily fatigued  
                 Difficulty concentrating or mind going blank  
                 Irritability

Muscle tension  
Sleep disturbance (difficulty falling or staying asleep, or restless  
unsatisfying sleep)

Which (if any) of these symptoms have been occurring for at least 1 week  
and present more than 12 hours in the day and at least 5 days during the week.

BP A. A distinct period of abnormally and persistently elevated, expansive, or  
irritable mood and abnormally and persistently goal-directed behavior or energy,  
(or any duration if hospitalization is necessary).

- BP B<sup>4</sup>.
1. Inflated self-esteem or grandiosity
  2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
  3. More talkative than usual or pressure to keep talking
  4. Flight of ideas or subjective experience that thoughts are racing
  5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant  
external stimuli), as reported or observed.
  6. Increase in goal-directed activity (either socially, at work or school, or  
sexually) or psychomotor agitation
  7. Excessive involvement in activities that have a high potential for painful  
consequences (e.g., engaging in unrestrained buying sprees, sexual  
indiscretions, or foolish business investments).

## Part II

1. A) Do these symptoms cause significant distress or impairment in social,  
occupational, or other important areas of functioning.

B) If yes, where is the impairment and what is the impairment? (IE what are  
you unable to do)

C) What does your animal do specifically that helps you overcome your  
impairment?

2) If you are a student, how do these symptoms affect your academics?

3) Approximately what month and year did you first experience these?

4) In the last 30 days, how many days have you experienced these symptoms and how long do they last before they go away?

It is rare to need two emotional support animals, but if you believe your disability is so severe you require more than one ESA or PSD, please understand the requirements are more stringent and there will be multiple forms to follow which will be required to be completed for me to review. Sub Rosa DOES NOT believe there is ever a clinical need for more than two support animals or psychiatric service dogs.

5) As part of the evaluation education must be included. Please read the following articles and answer the questions.

<https://subrosamentalservices.com/2023/04/15/ada-and-disabilities> and

<https://subrosamentalservices.com/2023/04/02/not-every-disability-is-visible>

There are risks in having an emotional support animal or psychiatric Service Dog. These Risks are located here:

<https://subrosamentalservices.com/2023/03/09/riskswith-emotional-support-animals-or-psychiatric-service-dogs>

A) Name 1 risk to the animal that was named in the article.

B) Name 1 risk to you as the patient that was named in the article

C) Name 1 risk to the public that was named in the article.

D) According to the article "Not Every Disability is Visible" How does the ADA define a disability?

6) What happened for you to decide now was a good time for the evaluation?

7) Please verify the legal spelling of your name and date of birth.

8) What state do you currently reside in?

9) Have you had an emotional support animal before? If yes, tell me how the animal has helped you in the past.

10) What medications are you currently taking and how are they working?

For Psychiatric Service Dog Requests Only:

A) Has your dog completed the training required by the Americans with Disability Act?

If Yes:

B) What is the name of the program completed?

C) When was this training completed?

D) How old is your dog?

E) What work or task has the dog specifically been trained to perform

By submitting this evaluation you attest that you everything you have provided is true and to the best of your ability. You attest you are not requesting this evaluation for the purpose to avoid legal actions, evictions or to avoid pet fees or deposits.

Any attempt to provide false information or fraudulently complete an evaluation will result in closure of evaluation.

