




Ben McGraw
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	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10
Meds & Supplements														
Took Prescribed Psychotropic Meds	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes	Yes
Days Since Med Change					6									
Psychotropic Med Side Effects	No	No	No	No	Yes	Yes	No				No	Yes		No
Took Other Meds as prescribed	Yes	Yes	No	Yes		Yes	Yes		Yes		Yes	Yes	No	Yes
Days Since Other Med Change														
Other Med Side Effects	Yes	Yes	Yes		Yes	Yes					No			
Took Daily Supplements	Yes	Yes	Yes	No		Yes	No		No		No	No	No	Yes
Days Since Supplement Change														
Side Effects	Yes		Yes											
Mood														
Average Mood	-1	2			-2	3	-2	-3	-2	1	-2	-3	-1	1
# of Mood Changes per day	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other														
Drank or Took Drugs	No	Yes	No	No			No		No	Yes	No	Yes	No	Yes
Minutes Exercised	0	0	30	15	30		0		90	15		0		
Conflicts (1 = 1 or more Conflicts)		1	1		1	1								
Appetite Change	Down						Down	Down	Up	Down	Down	Down		
Physical Pain (0 None, 3 Severe)	1											4		
Menstrual Period	N/A	N/A	N/A	N/A	N/A	Yes	N/A		N/A		N/A	N/A	N/A	N/A
Avg. Energy Level (-3 Low, 3 Hyper)	1	-1	-1	0			0		0		-1	-1	0	0
Sleep														
Hours Slept	8		9	9	7	10	10		9	7	10	10	6.5	10
Sleep Quality (0 Great, 5 Terrible)		0	1		2				1		0	3	5	
Total Minutes Spent Napping														
Symptoms														



bStable®

Setup
Expenses
Journal
Reports

Patient
Diagnosis
Physical Exams
Lab Tests
Legal Documents
Crisis Planning Information
Goals
Settings

Name: **Nalda Parker**

Patient Info

First Name	Middle Name	Last Name	Suffix
Nalda		Parker	

Employer:

Home Address:

City/State/Zip:

Personal Email:

Alternate Email:

Date of Birth: Age:

Additional Patient Info

Work Phone:

Work Alt:

Cell Phone:

Home:


IM:

Fax:

Pager:

Web URL:

Male Female



Providers

First Name	Last Name	Work Phone	Email Address	IM Address	Currently Seeing?	Type
Jennifer	Taylor	(919) 767-5531	jt@unmed.edu	Skype: j_taylor	<input checked="" type="radio"/> Yes <input type="radio"/> No	Psychiatrist
Mike	Lueck	(919) 345-9087	lueck_mike@psych.org		<input checked="" type="radio"/> Yes <input type="radio"/> No	Primary Care
Kate	Lorion	(919) 090-1238	kate.l@doc.com	Skype: lorion.k	<input checked="" type="radio"/> Yes <input type="radio"/> No	Psychologist
Jay	Sloan	(919) 255-8769	sloanj@med.edu		<input type="radio"/> Yes <input checked="" type="radio"/> No	Specialist
Laura	Napoli	(919) 343-7890	napoli.l@unmed.edu		<input type="radio"/> Yes <input checked="" type="radio"/> No	Psychologist
Heather	Buxton	(919) 234-7878	buxton.heather@wake.		<input type="radio"/> Yes <input checked="" type="radio"/> No	Psychiatrist

Journal Date: Delete Journal Entry Copy Journal Entry To Today Showing 29 of 29 entries. You Are On Record# 9 ← All → New Journal Entry

Notes
Meds
Sleep
Exercise
Mood
Triggers
Symptoms
Conflicts
Activities
CBT
Diet
Adolescent or Child

Symptom Detail Other

Symptom	Scale	Symptom	Scale
Afraid	<input checked="" type="radio"/> Yes <input type="radio"/> No 4	Lost Interest in Pleasurable Aspects of	<input checked="" type="radio"/> Yes <input type="radio"/> No 4
Aggressive	<input type="radio"/> Yes <input checked="" type="radio"/> No	Low Self Esteem	<input checked="" type="radio"/> Yes <input type="radio"/> No 5
Agitated and Keep Moving Around	<input checked="" type="radio"/> Yes <input type="radio"/> No 5	Memory Loss	<input type="radio"/> Yes <input checked="" type="radio"/> No
Angry	<input checked="" type="radio"/> Yes <input type="radio"/> No 3	Nothing Bad Can Happen	<input type="radio"/> Yes <input checked="" type="radio"/> No
Anxiety Level	<input type="radio"/> Yes <input checked="" type="radio"/> No 2	Numbness	<input checked="" type="radio"/> Yes <input type="radio"/> No 5
Attention Issues	<input type="radio"/> Yes <input checked="" type="radio"/> No	Overly Optimistic	<input type="radio"/> Yes <input checked="" type="radio"/> No
Boredom	<input checked="" type="radio"/> Yes <input type="radio"/> No 5	Overly Sociable	<input type="radio"/> Yes <input checked="" type="radio"/> No
Concentration Issues	<input type="radio"/> Yes <input checked="" type="radio"/> No	Overwhelmed	<input checked="" type="radio"/> Yes <input type="radio"/> No 2
Dangerous Activities	<input type="radio"/> Yes <input checked="" type="radio"/> No	Panic	<input type="radio"/> Yes <input checked="" type="radio"/> No
Difficulty Making Decisions	<input checked="" type="radio"/> Yes <input type="radio"/> No 2	Paranoia	<input checked="" type="radio"/> Yes <input type="radio"/> No 5
Doing Things Slowly	<input checked="" type="radio"/> Yes <input type="radio"/> No 4	Peace	<input type="radio"/> Yes <input checked="" type="radio"/> No
Feel Fatigued	<input checked="" type="radio"/> Yes <input type="radio"/> No 3	Racing or Quick Thoughts	<input type="radio"/> Yes <input checked="" type="radio"/> No
Fogginess	<input checked="" type="radio"/> Yes <input type="radio"/> No 3	Reckless Driving	<input type="radio"/> Yes <input checked="" type="radio"/> No
Future Seems Hopeless	<input checked="" type="radio"/> Yes <input type="radio"/> No 5	Restless	<input type="radio"/> Yes <input checked="" type="radio"/> No
Grandiose Thoughts	<input checked="" type="radio"/> Yes <input type="radio"/> No	Sadness	<input checked="" type="radio"/> Yes <input type="radio"/> No 4
Guilty	<input checked="" type="radio"/> Yes <input type="radio"/> No 4	Shell Shocked	<input checked="" type="radio"/> Yes <input type="radio"/> No 2
Hurt	<input checked="" type="radio"/> Yes <input type="radio"/> No 3	Still Depressed If Good Things Happen	<input checked="" type="radio"/> Yes <input type="radio"/> No
Impulsive	<input type="radio"/> Yes <input checked="" type="radio"/> No	Suicidal Thoughts	<input type="radio"/> Yes <input checked="" type="radio"/> No 4
Indecisiveness	<input checked="" type="radio"/> Yes <input type="radio"/> No 4	Thoughts jumping from idea to idea	<input type="radio"/> Yes <input checked="" type="radio"/> No
Insecurity	<input checked="" type="radio"/> Yes <input type="radio"/> No 3	Too Many Projects	<input type="radio"/> Yes <input checked="" type="radio"/> No
Irritability Level	<input checked="" type="radio"/> Yes <input type="radio"/> No 4	Too Much Spending	<input type="radio"/> Yes <input checked="" type="radio"/> No
Lonely	<input checked="" type="radio"/> Yes <input type="radio"/> No 4	Unusually Happy	<input type="radio"/> Yes <input checked="" type="radio"/> No

Menstrual Period? Yes No N/A Menstrual Period - Degree of Pain 0 1 2 3 4 5

Key Points

- Mental health organizations are struggling to improve outcomes despite budget restrictions
- Experience to date indicates bStable can improve outcomes in individuals with mental health disorders
- Expansion of use requires formal demonstration of value
- Present positive results of a pilot study in the Caminar population

bStable Pilot Study

Problem

Required time to collect data limits time available for mental health professionals to solve problems which leads to less than optimal outcomes

Hypothesis

bStable will provide mental health professionals the data they need to spend more time providing better outcomes

Design

10 clients (matched pairs)

5 in experimental group will use bStable on daily basis

5 in control group will have no change in care

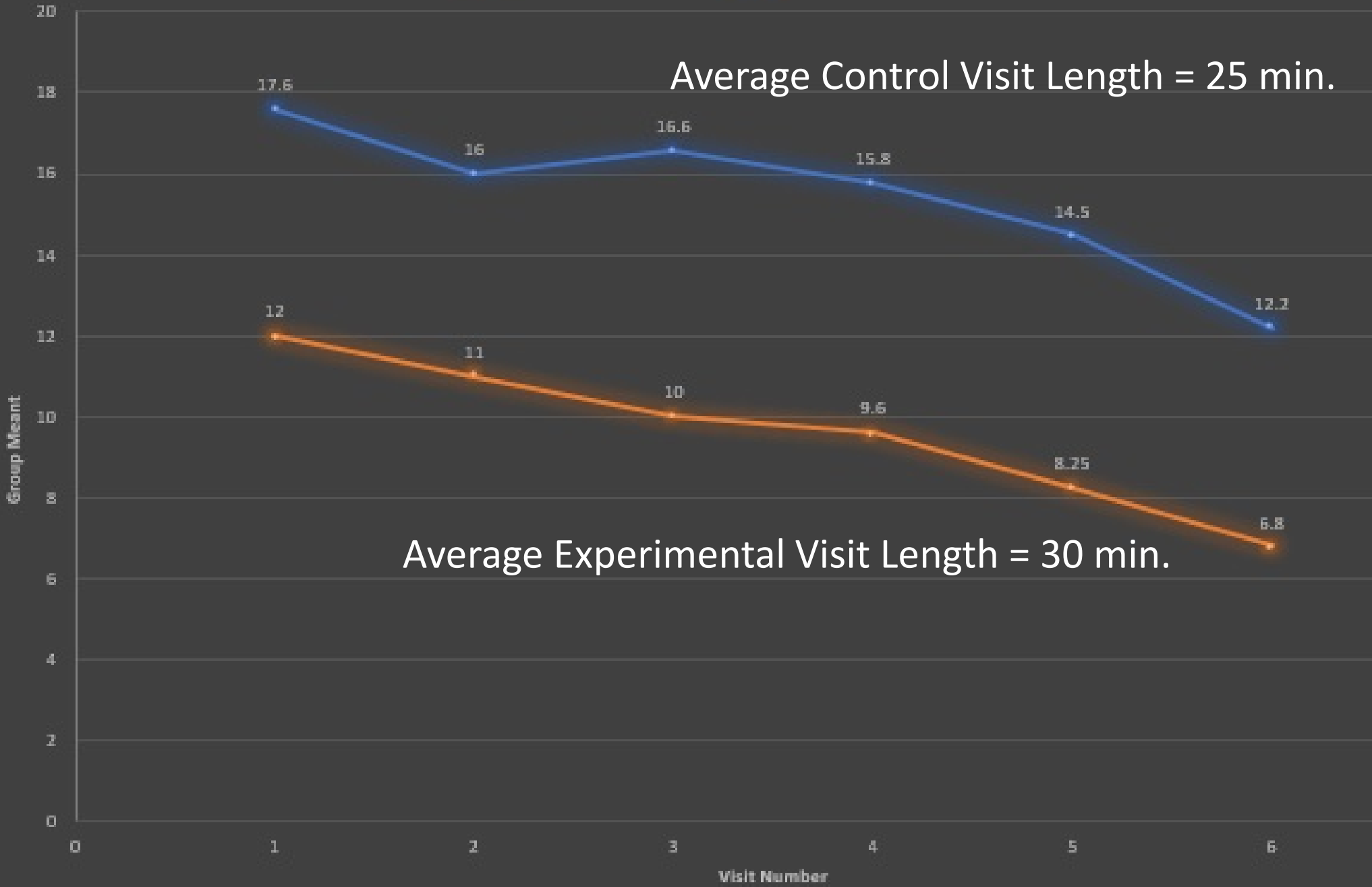
Endpoints

Measure time spent by mental health professional collecting data vs. problem solving at visit and document outcomes

McGraw Systems provided bStable licenses, training and support for free. Individuals can keep bStable after the study

Comparison of Time Spent Gathering Information with Control Group vs Experimental Group Subjects

Control Group Mean Experimental Group Means



Comparison of Quality of Office Visit Between Control and Experimental Groups

