

US00D966289S

(12) **United States Design Patent**  
**Pickett, III et al.**

(10) **Patent No.:** **US D966,289 S**  
(45) **Date of Patent:** **\*\* Oct. 11, 2022**

(54) **DISPLAY SCREEN WITH GRAPHICAL USER INTERFACE**

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(\*\*) Term: **15 Years**

(21) Appl. No.: **29/771,481**

(22) Filed: **Feb. 23, 2021**

(51) **LOC (13) Cl.** ..... **14-04**

(52) **U.S. Cl.**

USPC ..... **D14/485**

(58) **Field of Classification Search**

USPC ..... D14/485–495

CPC .... G06F 3/048; G06F 3/0481; G06F 3/04812; G06F 3/04815; G06F 3/04817; G06F 3/0482; G06F 3/0483; G06F 3/0484; G06F 3/04842; G06F 3/04845; G06F 3/04847; G06F 3/0485; G06F 3/04855; G06F 3/0486; G06F 3/0487; G06F 3/0488; G06F 3/04883; G06F 3/04886; G06F 19/34; G06F 19/3406; G06F 19/3418

See application file for complete search history.

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(57) **CLAIM**

The ornamental design for a display screen with graphical user interface, as shown and described.

**DESCRIPTION**

The FIGURE is a front view of a display screen with graphical user interface.

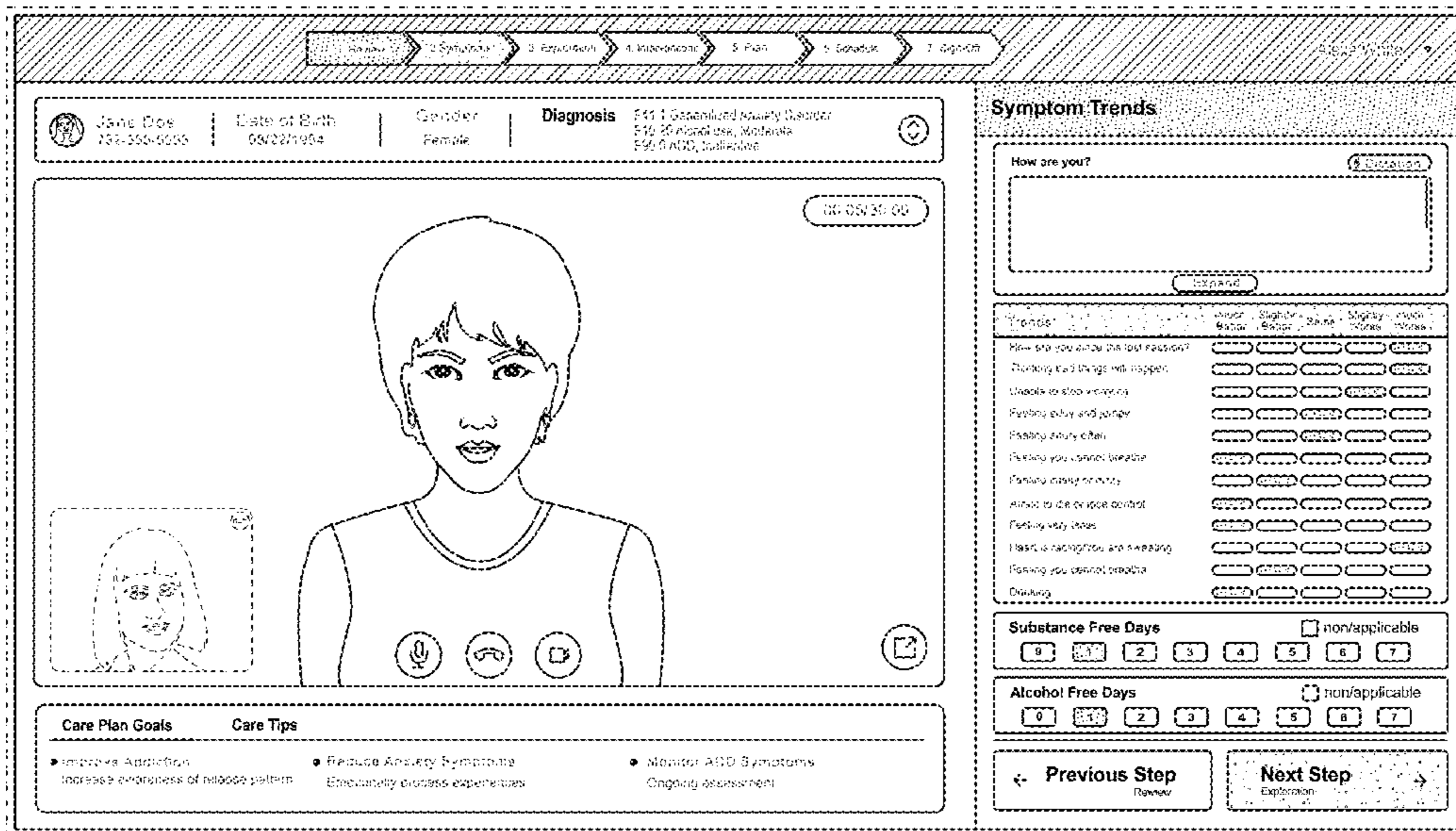
The broken lines illustrate portions of the display screen with graphical user interface that form no part of the claimed design.

**1 Claim, 1 Drawing Sheet**

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7. Symptom Trends

6. Substance

5. Plan

4. Intervention

3. Education

2. Symptoms

1. Overview

7. Symptom Trends

6. Substance

5. Plan

4. Intervention

3. Education

2. Symptoms

1. Overview


**Jane Doe**  
132-555-0000

**Date of Birth**  
08/22/1994

**Gender**  
Female

**Diagnosis**  
F41.1 Generalized Anxiety Disorder  
F10.20 Alcohol use, moderate  
F90.0 ADHD, inattentive

00:05/50:00



📄
📞
📧

**Care Plan Goals**

- Improves Adherence  
Increase awareness of relapse pattern
- Reduce Anxiety Symptoms  
Emotionally process experiences
- Monitor ABO Symptom  
Ongoing assessment

**How are you?**

Expanded

Worse	Lighter	Better	Slightly Better	Slightly Worse
How are you since the last session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking bad things will happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to also worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling edgy and jumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling angry often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling you cannot breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racing strong or dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid to die or lose control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling very tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart is racing/You are sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling you cannot breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Substance Free Days**

0  1  2  3  4  5  6  7

non/applicable

**Alcohol Free Days**

0  1  2  3  4  5  6  7

non/applicable

← **Previous Step**  
Review

**Next Step** →  
Explanation