Name_____ Date_____

Mood Disorder Questionnaire

The questions you are about to answer will help you assess your mood and help your doctor educate you about the need for additional evaluation. Please discuss the results of this questionnaire with your doctor.

Instructions for patients: Please check ONE BOX ONLY for each of the questions below.

The following three questions will ask you about a history of mania.*

1. Has there ever been a period of time when you were not your usual self and…	YES	NO
...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	☐	☐
...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
...you felt much more self-confident than usual?	☐	☐
...you got much less sleep than usual and found you didn't really miss it?	☐	☐
...you were much more talkative and/or spoke much faster than usual?	☐	☐
...thoughts raced through your head and/or you couldn't slow your mind down?	☐	☐
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had much more energy than usual?	☐	☐
...you were much more active and/or did many more things than usual?	☐	☐
...you were much more social or outgoing than usual—for example, you telephoned friends in the middle of the night?	☐	☐
...you were much more interested in sex than usual?	☐	☐
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
...spending money got you or your family into trouble?	☐	☐

	YES	NO
2. If you checked YES to more than one of the above, have you experienced several of these during the same period of time?	☐	☐

3. How much of a problem did any of these situations cause you (like being unable to work; having family, money, or legal problems; and/or getting into serious arguments or fights)?

☐ No problem ☐ Minor problem ☐ Moderate problem ☐ Serious problem

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Two questions about yourself

These questions will ask you about current feelings of depression.

	YES	NO
1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?	☐	☐
2. During the past month, have you often been bothered by little interest or pleasure in doing things?	☐	☐

This questionnaire is intended to help you assess your mood and help your doctor educate you about the need for additional evaluation. Only your health care provider can properly diagnose and recommend treatment for bipolar disorder.

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