



# Mood Disorder Questionnaire

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_

Sex

Yes

No

## Questions

### 1) Has there ever been a period of time when you were not your usual self ...

	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 in trouble?	<input type="checkbox"/>	<input type="checkbox"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
...you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you got much less sleep than usual and found that you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
...you were more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...thoughts raced your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
...you were so easily distracted by things around you that you trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
...you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more social or outgoing than usual for example you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	<input type="checkbox"/>	<input type="checkbox"/>
...spending money got you or your family in trouble?	<input type="checkbox"/>	<input type="checkbox"/>

### 2) If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

	<input type="checkbox"/>	<input type="checkbox"/>
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### 3) How much of a problem did any of these cause you – like being able to work; having family, money or legal trouble; getting into arguments or fights?

<input type="checkbox"/> No Problem	<input type="checkbox"/> Minor Problem	<input type="checkbox"/> Moderate Problem	<input type="checkbox"/> Serious Problem
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### 4) Have any of your blood relatives such as children, siblings, and parents had manic-depressive illness or bipolar disorder?

	<input type="checkbox"/>	<input type="checkbox"/>
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### 5) Has a health professional ever told you that you have a manic-depressive illness or bipolar disorder?

	<input type="checkbox"/>	<input type="checkbox"/>
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