

## Mood Disorder Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Please answer each question to the best of your ability

| 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?                           | <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 through 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 had trouble concentrating or staying on track?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you had 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"/> |
| <b>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?</b> |                          |                          |
| <input type="checkbox"/> No problems <input type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem    |                          |                          |

*This instrument is designed for screening purposes only and not to be used as a diagnostic tool.  
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