

Mood Disorder Questionnaire

Patient: _____ Score: _____ Date: _____

Instructions: Please circle either Yes or No to the following questions.

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

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| • You felt so good or hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble? | Yes | No |
| • You were so irritable that you shouted at people or started fights or arguments? | Yes | No |
| • You felt much more self-confident than usual? | Yes | No |
| • You got less sleep than usual and found you didn't really miss it? | Yes | No |
| • You were much more talkative or spoke much faster than usual? | Yes | No |
| • Thoughts raced through your head or you couldn't slow your mind down? | Yes | No |
| • You were so easily distracted by things around you that you had trouble concentrating or staying on track? | Yes | No |
| • You had much more energy than usual? | Yes | No |
| • You were much more active or did many more things than usual? | Yes | No |
| • You were much more social or outgoing than usual; for example: you telephoned friends in the middle of the night? | Yes | No |
| • You were much more interested in sex than usual? | Yes | No |
| • You did things that were unusual for you, or that other people might have thought were excessive, foolish, or risky? | Yes | No |
| • Spending money got you or your family into trouble? | Yes | No |

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Yes No

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? (Please select only one response.)

No problem Minor problem Moderate problem Serious problem

Instructions: Please circle all that apply.

1. A sense of underachievement, of not meeting one's goals
2. Difficulty getting organized
3. Chronic procrastination or trouble getting started
4. Many projects going simultaneously, trouble with follow-through
5. A tendency to say whatever comes to mind without necessarily considering the timing or appropriateness of the remark
6. A frequent search for high stimulation
7. An intolerance of boredom
8. Easy distractibility, trouble focusing attention, tendency to tune out or drift away in the middle of a page or conversation
9. Often creative, intuitive, highly intelligent
10. Trouble going through established channels, following proper procedure
11. Impatient, low tolerance for frustration
12. Impulsive, either verbally or in action, for example: impulsive spending of money, changing plans, enacting new schemes or career plans, hot-tempered
13. A tendency to worry needlessly and endlessly, a tendency to scan the horizon looking for something to worry about, alternating inattention or disregard for actual dangers
14. A sense of insecurity
15. Mood swings, mood liability, especially when disengaged from a person or project
16. Physical or cognitive restlessness
17. A tendency toward addictive behavior
18. Chronic problems with self-esteem
19. Inaccurate self observation
20. Family history of ADD, manic depressive illness, depression, substance abuse, or other disorders of impulse control or mood

Depression Checklist

Instructions: Circle the number that most accurately indicates your symptoms and their frequency during the last week (0-BEING NOT AT ALL & 4-BEING DAILY).

Thoughts and Feelings

1. Feeling irritable or angry	0	1	2	3	4
2. Feeling unhappy or down	0	1	2	3	4
3. Crying spells or tearfulness	0	1	2	3	4
4. Feeling discouraged or hopeless	0	1	2	3	4
5. Feeling lethargic or slowed down	0	1	2	3	4
6. Guilt	0	1	2	3	4
7. Feeling worthless or inadequate	0	1	2	3	4
8. Racing thoughts	0	1	2	3	4
9. Criticizing or blaming yourself	0	1	2	3	4
10. Difficulty making decisions	0	1	2	3	4

Activities and Personal Relationships

1. Loss of interest in family, friends, or colleagues	0	1	2	3	4
2. Loneliness	0	1	2	3	4
3. Spending less time with family or friends	0	1	2	3	4
4. Loss of motivation	0	1	2	3	4
5. Agitated or sped-up	0	1	2	3	4
6. Avoiding work or other activities	0	1	2	3	4
7. Loss of pleasure or satisfaction in life	0	1	2	3	4

Physical Symptoms

1. Feeling tired or fatigued	0	1	2	3	4
2. Difficulty sleeping or sleeping too much	0	1	2	3	4
3. Decreased or increased appetite	0	1	2	3	4
4. Loss of interest in sex	0	1	2	3	4
5. Worrying about your health	0	1	2	3	4

Suicidal Urges

1. Do you have suicidal thoughts?	0	1	2	3	4
2. Would you like to end your life?	0	1	2	3	4
3. Do you have a plan for harming yourself?	0	1	2	3	4
4. Do you intend to harm yourself?	0	1	2	3	4