

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

## Mood Disorders Questionnaire

The following questions may help determine whether an antidepressant medication is appropriate for you. Circle yes or no, as you go. Your nurse or doctor will help you score the test.

1.	Has there ever been a period of time when you were not your usual self and...		
	...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?	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 much less sleep than usual and found you didn't really miss it?	Yes	No
	...you were much more talkative or spoke 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?  <p style="text-align: center;">YES                      NO</p>
3.	How much of a problem did any of these cause you, like being unable to work; having family, money, or legal trouble; getting into arguments or fights?  <p style="text-align: center;">No Problem              Minor Problem              Moderate Problem              Serious Problem</p>

For more information about "mood swings without mania", now called Bipolar II see:  
[www.psycheducation.org](http://www.psycheducation.org) .

**Score:**  
 Positive if question #1 is 7 or greater **AND**  
 Positive if question #2 is yes **AND**  
 Positive if question #3 is yes  
 (Minimum for positive screen is 7 Yes, Yes)

Nurse \_\_\_\_\_ PCP \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

Hirschfield RM, Williams JB, Spitzer RL, Calabrese JR, Flynn L, Keck PE Jr, Lewis L, McElroy SL, Post RM, Rappaport DJ, Russell JM, Sachs GS, Zajecka J. Am J Psych 157(11):1875 (appendix 1), November 2000 7/y/y

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