

Mood Disorder Questionnaire

If you or someone you care for wants to better understand their symptoms, answer the questions below and bring this form to the next appointment with your healthcare provider to discuss your answers. Be sure to tell them about manic and depressive symptoms as they can both be signs of bipolar disorder.

Name:

Date:

Please answer the questions as best you can by checking the appropriate boxes.

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 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 into 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?

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; and/or getting into arguments or fights)

No Problem | Minor Problem | Moderate Problem | Serious Problem

This questionnaire is provided as a resource by Intra-Cellular Therapies, Inc. It is not a diagnostic tool or a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and an accurate, thorough diagnosis can only be made through a personal evaluation by your healthcare provider.

Reference: 1. Development and Validation of a Screening Instrument for Bipolar Spectrum Disorder: The Mood Disorder Questionnaire. Robert M.A. Hirschfeld, Janet B.W. Williams, Robert L. Spitzer, Joseph R. Calabrese, Laurie Flynn, Paul E. Keck, Jr., Lydia Lewis, Susan L. McElroy, Robert M. Post, Daniel J. Rapport, James M. Russell, Gary S. Sachs, and John Zajecka. *American Journal of Psychiatry* 2000 157:11, 1873-1875.

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US-UNB-2200064 05/22

