

MOOD DISORDER SPECTRUM QUESTIONNAIRE*

*Adapted from Hirschfeld R, Williams JB, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: The Mood Disorder Questionnaire. *Am J Psychiatry*, 2000;157:1873-1875

Please answer "YES" to a question if the behavioral symptom described has ever been present for a period of time or if the behavior describes an everyday baseline which is more extreme than the "average person". Even if the behavior is "normal" for the person being assessed, if the behavior is present, please answer "YES". Also, if the person being assessed is a menstruating female, note "YES" if the behavior is present or worsened during some part of the menstrual cycle.

Do you now have, or in the past have you had more than several days or weeks where you had periods of:

- 1) wishing you were dead, wishing you were killed or thinking about killing yourself? **YES NO**
- 2) difficulty falling asleep (>15 minutes) or interruptions of sleep that are not to go to the bathroom or because of environmental reasons or early morning awakening (as if your body is waking up in the morning - but it's still the middle of the night)? **YES NO**
- 3) depressive periods – where there is sadness, withdrawal, helplessness or hopelessness in excess of what might be considered "normal" under the circumstances? **YES NO**
- 4) anxiety, worrying, or panic that is more frequent, intense or lasts longer than would be considered typical for most people? **YES NO**
- 5) your thoughts rapidly jumping from topic to topic (as if your mind is like an engine you can't slow down or shut off), or your thoughts coming rapidly about one topic where you can't get the topic out of your mind? (Sometimes this is evident to others as very fast speech, excessive talkativeness, excessive shouting or rapid changing of topics. This can also be *experienced* as having trouble concentrating, focusing or staying on track.) **YES NO**
- 6) quick changes in mood states, where the range of moods may seem wider than that of most people and moods seem to "swing" from one mood state to another? **YES NO**
- 7) having a "short fuse", low frustration threshold, or irritability – like someone who has had too much coffee and tends to overreact *when presented with a stimulus*? (Sometimes, a person will feel this internally and it will not be evident to outside observers.) **YES NO**
- 8) increased "drive" or energy, for example: to shop, have sex, take risks, contact friends by phone or do many more things than usual? **YES NO**

IF YOU OR SOMEONE YOU KNOW HAS OR HAS HAD TWO OR MORE OF THE BEHAVIORAL SYMPTOMS OR ANSWERED POSITIVE TO #1 ABOVE, IT IS HIGHLY ADVISED THAT YOU BRING THIS FORM TO YOUR HEALTH CARE PROFESSIONAL FOR FURTHER EVALUATION. THANK YOU.