

# THE MOOD DISORDER QUESTIONNAIRE

**Instructions:** Please answer each question to the best of your ability.

|   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| 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?   | <input type="radio"/> | <input type="radio"/> |
| ...you were so irritable that you shouted at people or started fights or arguments?   | <input type="radio"/> | <input type="radio"/> |
| ...you felt much more self-confident than usual?  | <input type="radio"/> | <input type="radio"/> |
| ...you got much less sleep than usual and found you didn't really miss it?  | <input type="radio"/> | <input type="radio"/> |
| ...you were much more talkative or spoke much faster than usual?  | <input type="radio"/> | <input type="radio"/> |
| ...thoughts raced through your head or you couldn't slow your mind down?  | <input type="radio"/> | <input type="radio"/> |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track?   | <input type="radio"/> | <input type="radio"/> |
| ...you had much more energy than usual?   | <input type="radio"/> | <input type="radio"/> |
| ...you were much more active or did many more things than usual?  | <input type="radio"/> | <input type="radio"/> |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?  | <input type="radio"/> | <input type="radio"/> |
| ...you were much more interested in sex than usual?   | <input type="radio"/> | <input type="radio"/> |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?  | <input type="radio"/> | <input type="radio"/> |
| ...spending money got you or your family into trouble?  | <input type="radio"/> | <input type="radio"/> |
| 2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?  | <input type="radio"/> | <input type="radio"/> |
| 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?<br><i>Please circle one response only.</i> |                       |                       |
| No Problem      Minor Problem      Moderate Problem      Serious Problem  |                       |                       |
| 4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?   | <input type="radio"/> | <input type="radio"/> |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?  | <input type="radio"/> | <input type="radio"/> |