

MoodCheck

Part A. Please place a check after the statements below that *accurately describe you*.

| During times when I am not using drugs or alcohol: | |
|--|----------------------|
| I notice that my mood and/or energy levels shift drastically from time to time. | |
| At times, I am moody and/or energy level is very low, and at other times, and very high. | |
| During my "low" phases, I often feel a lack of energy, a need to stay in bed or get extra sleep, and little or no motivation to do things I need to do. | |
| I often put on weight during these periods. | |
| During my low phases, I often feel "blue," sad all the time, or depressed. | |
| Sometimes, during the low phases, I feel helpless or even suicidal. | |
| During the low phases, my ability to function at work or socially is impaired. | |
| Typically, the low phases last for a few weeks, but sometimes they last only a few days. | |
| I also experience a period of "normal" mood in between mood swings, during which my mood and energy level feels "right" and my ability to function is not disturbed. | |
| I then notice a marked shift or "switch" in the way I feel. | |
| My energy increases above what is normal for me, and I often get many things done I would not ordinarily be able to do. | |
| Sometimes during those "high" periods, I feel as if I have too much energy or feel "hyper". | |
| During these high periods, I may feel irritable, "on edge," or aggressive. | |
| During the high periods, I may take on too many activities at once. | |
| During the high periods, I may spend money in ways that cause me trouble. | |
| I may be more talkative, outgoing or sexual during these periods. | |
| Sometimes, my behavior during the high periods seems strange or annoying to others. | |
| Sometimes, I get into difficulty with co-workers or police during these high periods. | |
| Sometimes, I increase my alcohol or nonprescription drug use during the high periods. | |
| Total | <input type="text"/> |

Part B. The statements in Part A (not just those checked) describe me (circle one of the answers below):

| Not at all (0) | A little (2) | Fairly well (4) | Very well (6) |
|-------------------|-----------------|--------------------|------------------|
|-------------------|-----------------|--------------------|------------------|

Add the number in parentheses in Part B to your checkmark total from Part A. _____

Part C.

| Please indicate whether any of your (blood) relatives have had any of these concerns: | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
| | Grandparents | Parents | Aunts/Uncles | Brothers/Sisters | Children | |
| Suicide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Alcohol/Drug Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mental Hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Depression Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Manic or Bipolar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | | | | | Yes | No |
| Have you ever attempted suicide? | | | | | Yes | No |

(please continue with part D, over)

MoodCheck

Part D.

| | | | | | | |
|---|---------------------------|-----------------|-----------------|--------------------------------|-----------------|---------------|
| How old were you when you first were depressed? (circle one) | As long as I can remember | Grade school | Middle school | High school | 18-24 | > 24 |
| How many episodes of depression have you had? | One | 2-4 | 5-6 | >10 | | |
| Have antidepressants ever caused: (circle all that apply) | Excessive energy | Severe insomnia | Agitation | Irritability | Racing thoughts | Talking a lot |
| How many antidepressants have you tried, if any? | None | 1 | 2 | 3 | >3 | |
| Has an antidepressant you took worked at first, then stopped working? | No | | | Yes | | |
| Do your episodes <i>start</i> gradually, or suddenly? | Gradually | Can't say | Suddenly | | | |
| Do your episodes <i>stop</i> gradually, or suddenly? | Gradually | Can't say | Suddenly | | | |
| Did you have an episode after giving birth? | No | Within 6 months | Within 2 months | Within 2 weeks | | |
| Are your moods much different at different times of year? | No effect of time of year | | | Yes, seasonal shifts | | |
| When you are depressed, do you sleep differently? | No | Sleep less | | | Sleep more | |
| When you are depressed, do you eat differently? | No | Eat less | | | Eat more | |
| When you are depressed, what happens to your energy? | Nothing | It varies a lot | Very low | Extremely low, can hardly move | | |
| In episodes, have you lost contact with reality? (delusions, voices, people thought you were odd) | No | | | Yes | | |

If your total score from Parts A and B is **greater than 16**; or if you have **lots of circles** in shaded boxes on this page, you may need to learn more about “mood swings without mania”. Use the Internet and search *Bipolar II* . This is something to learn about, not necessarily about *you*.

If your total score from Parts A and B is **less than 10**, and you have **few circles** in shaded boxes on this page, antidepressants are probably okay, if you and your doctor choose to use them. They can occasionally cause: unusual thoughts, including violent and suicidal ones; irritability; too much energy; and severe sleep problems. Contact your doctor if you think any of these might be happening to you.

Your Name _____

Date _____