

Do not write, stamp, punch holes or affix a sticker in this area.
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Do not fold this form.

Mood Disorder Questionnaire

Compatible Note form:
CHI - Mood Disorder Questionnaire

Please answer every question

PLEASE PRINT PATIENT'S LAST NAME

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...



PATIENT'S FIRST NAME

MIDDLE
INITIAL

PATIENT'S DATE OF BIRTH

Month

Day

Year

Please answer each question to the best of your ability

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="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 that you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were 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 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 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 in 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?

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; getting into arguments or fights?

No problems Minor problem Moderate problem Serious problem

This instrument is designed for screening purposes only and not to be used as a diagnostic tool.

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