

# MOOD DISORDER QUESTIONNAIRE

This instrument is for screening purposes only, and it not a diagnostic tool. For more information and a proper diagnosis, please visit a mental health professional

---

<b>1. Has there ever been a period of time when you were not your normal self and...</b>	<b>YES</b>	<b>NO</b>
... 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 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 in trouble?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<b>3. How much of a problem did any of these cause you- like being unable to work, having family, money or legal; getting into arguments or fights?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to the majority of these questions, and are experiencing mild or significant distress, please talk to a trusted family member/friend, reach out to a mental health professional or visit our website [www.bluesandbeyond.ca](http://www.bluesandbeyond.ca) for phone support, referrals to local professionals and online resources