

Mood Check

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

During times when I am not using drugs or alcohol:

1. I notice that my *mood and/or energy* levels shift drastically from time to time.
2. At times, I am moody and/or energy level is very low, and at other times, and very high.
3. 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.
4. I often put on weight during these periods.
5. During my low phases, I often feel "blue," sad all the time, or depressed.
6. Sometimes, during the low phases, I feel helpless or even suicidal.
7. During the low phases, my ability to function at work or socially is impaired.
8. Typically, the low phases last for a few weeks, but sometimes they last only a few days.
9. 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.
10. I then notice a marked shift or "switch" in the way I feel.
11. My energy increases above what is normal for me, and I often get many things done I would not ordinarily be able to do.
12. Sometimes during those "high" periods, I feel as if I have too much energy or feel "hyper".
13. During these high periods, I may feel irritable, "on edge," or aggressive.
14. During the high periods, I may take on too many activities at once.
15. During the high periods, I may spend money in ways that cause me trouble.
16. I may be more talkative, outgoing or sexual during these periods.
17. Sometimes, my behavior during the high periods seems strange or annoying to others.
18. Sometimes, I get into difficulty with co-workers or police during these high periods.
19. Sometimes, I increase my alcohol or nonprescription drug use during the high periods.

Total

Part B. The statements in Part A (not just those checked) describe me:

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	Siblings	Children	
Suicide	<input type="checkbox"/>					
Alcohol/Drug Problems	<input type="checkbox"/>					
Mental Hospital	<input type="checkbox"/>					
Depression Problems	<input type="checkbox"/>					
Manic or Bipolar	<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
Have you ever engaged in self harm behavior without intent of suicide e.g. cutting, burning, abrasions.					Yes	No

Mood Check

Part D.

1. How old were you when you first were depressed? (*circle one*)
2. How many episodes of depression have you had?
3. Have antidepressants ever caused: (*circle all that apply*)
4. How many antidepressants have you tried, if any?
5. Has an antidepressant you took worked at first, then stopped working?
6. Do your episodes *start* gradually, or suddenly?
7. Do your episodes *stop* gradually, or suddenly?
8. Did you have an episode after giving birth?
9. Are your moods much different at different times of year?
10. When you are depressed, do you sleep differently?
11. When you are depressed, do you eat differently?
12. When you are depressed, what happens to your energy?
13. In episodes, have you lost contact with reality? (false beliefs, voices, people thought you were odd)

As long as I can remember	Grade school	Middle school	High school	18-24	> 24
One	2-4		5-6		>10
Excessive energy	Severe insomnia	Agitation	Irritability	Racing thoughts	Talking a lot
None	1	2		3	>3
No			Yes		
Gradually		Can't say		Suddenly	
Gradually		Can't say		Suddenly	
No/NA	Within 6 months	Within 2 months	Within 2 weeks		
No effect of time of year			Yes, seasonal shifts		
No	Sleep less			Sleep more	
No	Eat less			Eat more	
Nothing	It varies a lot	Very low	Extremely low, can hardly move		
No			Yes		

- 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 prescriber choose to use them. They can occasionally cause: unusual thoughts, including violent and suicidal thoughts; irritability; too much energy; and severe sleep problems. Contact your prescriber if you think any of these might be happening to you.
- 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 your mental health condition.
- This is not a diagnostic tool. Mood Disorders are difficult to diagnose because many of the symptoms are similar to those of other disorders, including schizophrenia, attention deficit/hyperactivity disorder (ADHD), adrenal disorders, epilepsy, brain tumors, multiple sclerosis, thyroid disorders, and vitamin B12 deficiency. **F**requency, **I**ntensity, **N**umber, and **D**uration of episodes can help clarify the problem.

Mood swings have a variety of causes. Check with a mental health professional to learn more.

Your Name _____

Date _____

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