



**The Mood Disorder Questionnaire (MDQ)**

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <b>1. Has there ever been a period of time when you were not your usual self and...</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 you didn't really miss it?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... you were much 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 much 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 into trouble?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <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"/> |
| <b>3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; or getting into arguments or fights?</b> |                          |                          |
| <input type="checkbox"/> no problem <input type="checkbox"/> minor problem <input type="checkbox"/> moderate problem <input type="checkbox"/> serious problem       |                          |                          |