

# Mood Screening



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Depression		Yes	No
<b>Instructions.</b> Use checks (✓) to answer "yes" or "no" to the following two questions.			
<b>1. Current.</b> Have you been feeling depressed (sad, down, blue), or have you lost interest in pleasurable or rewarding activities nearly every day for the <i>past two weeks</i> ?			
<b>2. Past.</b> Have there been other, <i>separate periods</i> of two weeks or more before this when you had the same problems? If so, when?			

<b>Instructions.</b> Answer the following questions if you answered "yes" to item 1 above. Otherwise, skip to item 13 on the reverse. Use checks (✓) to show how much each statement was true of you during the <i>past two weeks</i> or more when you felt depressed or had a loss of interest.					Not at all true	Somewhat true	Mostly true	Very true
<b>3.</b> You have been feeling low in energy, slowed down?	0	1	2	3				
<b>4.</b> You have been blaming yourself for things?	0	1	2	3				
<b>5.</b> You have had poor appetite?	0	1	2	3				
<b>6.</b> You have had difficulty falling asleep, staying asleep?	0	1	2	3				
<b>7.</b> You have been feeling hopeless about the future?	0	1	2	3				
<b>8.</b> You have been feeling blue?	0	1	2	3				
<b>9.</b> You have been feeling no interest in things?	0	1	2	3				
<b>10.</b> You have had feelings of worthlessness?	0	1	2	3				
<b>11.</b> You have thought about or wanted to commit suicide?	0	1	2	3				
<b>12.</b> You have had difficulty concentrating or making decisions?	0	1	2	3				
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 30</b>	Total →				

... continued over

Moodiness		Yes	No
<b>Instructions.</b> Use checks (✓) to answer “yes” or “no” to the following two questions.			
<b>13. Current.</b> Have you <i>recently</i> felt unusually high (up, hyper), irritable or self-important, or didn't seem your usual self for a period of time, and found that this caused a problem with work, money, or getting along with people?			
<b>14. Past.</b> Have there been other, <i>separate periods</i> of time before this when you had the same problems? If so, when?			

<b>Instructions.</b> Answer the following questions if you answered “yes” to item 1 above. Otherwise, skip the rest of these items. Use checks (✓) to show how much each statement was true of you during the <i>most recent period of time</i> when you felt unusually high, full of yourself or irritable, and it caused a problem.	Not at all true	Somewhat true	Mostly true	Very true
<b>15.</b> You felt so good or so hyper that other people thought you were not your normal self?	0	1	2	3
<b>16.</b> You were so irritable that you shouted at people or started fights or arguments?	0	1	2	3
<b>17.</b> You felt much more self-confident than usual?	0	1	2	3
<b>18.</b> You got much less sleep than usual and found you didn't really miss it?	0	1	2	3
<b>19.</b> You were much more talkative or spoke much faster than usual?	0	1	2	3
<b>20.</b> Thoughts raced through your head or you couldn't slow your mind down?	0	1	2	3
<b>21.</b> You were so easily distracted by things around you that you had trouble concentrating or staying on track?	0	1	2	3
<b>22.</b> You had much more energy than usual?	0	1	2	3
<b>23.</b> You were much more active or did many more things than usual?	0	1	2	3
<b>24.</b> You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	0	1	2	3
<b>25.</b> You were much more interested in sex than usual?	0	1	2	3
<b>26.</b> You did things that other people might have thought were excessive, foolish or risky?	0	1	2	3
<b>27.</b> Spending money got you or your family into trouble?	0	1	2	3
<b>13 items</b>	<b>0 – 13</b>	<b>14 – 39</b>	Total → <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>	