

Mood Screening



Name: _____ Date: _____

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

Instructions. Answer the following questions if you answered “yes” to item 1 above. Otherwise, skip to item 13 on page 2. 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
3. You have been feeling low in energy, slowed down?	0	1	2	3				
4. You have been blaming yourself for things not working out or letting people down?	0	1	2	3				
5. You have had a poor appetite or have you been overeating?	0	1	2	3				
6. You have had difficulty falling asleep, staying asleep?	0	1	2	3				
7. You have been feeling hopeless about the future?	0	1	2	3				
8. You have been feeling sad, down or blue?	0	1	2	3				
9. You have been feeling no interest/pleasure in doing things?	0	1	2	3				
10. You have had feelings of worthlessness?	0	1	2	3				
11. You have thought about hurting yourself or being better off dead?	0	1	2	3				
12. You have had difficulty concentrating on things like reading or making decisions?	0	1	2	3				
10 items	0 – 8	9 – 16	17 – 30	Total →				

Moodiness		Yes	No
Instructions. Use checks (✓) to answer “yes” or “no” to the following two questions.			
13. Current. 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?			
14. Past. Have there been other, <i>separate periods</i> of time before this when you had the same problems? If so, when?			

Instructions. 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
15. You felt so good or so hyper that other people thought you were not your normal self?	0	1	2	3
16. You were so irritable that you shouted at people or started fights or arguments?	0	1	2	3
17. You felt much more self-confident than usual?	0	1	2	3
18. You got much less sleep than usual and found you didn't really miss it?	0	1	2	3
19. You were much more talkative or spoke much faster than usual?	0	1	2	3
20. Thoughts raced through your head or you couldn't slow your mind down?	0	1	2	3
21. You were so easily distracted by things around you that you had trouble concentrating or staying on track?	0	1	2	3
22. You had much more energy than usual?	0	1	2	3
23. You were much more active or did many more things than usual?	0	1	2	3
24. You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	0	1	2	3
25. You were much more interested in sex than usual?	0	1	2	3
26. You did things that other people might have thought were excessive, foolish or risky?	0	1	2	3
27. Spending money got you or your family into trouble?	0	1	2	3
13 items	0 – 13	14 – 39	Total → 	