

# Mood Disorder Questionnaire (MDQ)

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

<b>Instructions:</b> Check ( ✓ ) the answer that best applies to you. Please answer each question as best you can.	<b>Yes/No</b>
1. Has there ever been a period of time when you were not your usual self and...	<input type="checkbox"/> Yes <input type="checkbox"/> No
...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"/> Yes <input type="checkbox"/> No
...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you felt much more self-confident than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more talkative or spoke faster than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you had much more energy than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more active or did many more things than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more interested in sex than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...spending money got you or your family in trouble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>  <input type="checkbox"/> No problem <input type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem	
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personalevaluation by your doctor.**