

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 13 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 → 	