

Patient Name _____

Date of Visit _____

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...	YES	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"/>	<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 that you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
...you were 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 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 in trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="checkbox"/>	<input type="checkbox"/>

3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

- No problems
 Minor problem
 Moderate problem
 Serious problem

*This instrument is designed for screening purposes only and not to be used as a diagnostic tool.
Permission for use granted by RMA Hirschfeld, MD*

1. Has there ever been a time for a week or more when your adolescent was not his/her usual self and...

- felt too good or excited?
- felt he/she could do anything?
- needed much less sleep?
- was so easily distracted by things?
- spent too much money?
- used more alcohol or drugs?
- was so irritable that he/she started fights or arguments with people?
- couldn't slow his/her mind down or thoughts raced through his/her head
- had much more energy than usual?
- was much more active or did more things than usual?
- had many boyfriends or girlfriends at the same time?
- was more interested in sex than usual?
- did many things that were foolish or risky?

2. If you checked YES to more than one of the above, have several of these ever happened to your adolescent during the same period of time?

- Yes No

3. How much of a problem did any of these cause your adolescent--like school problems, failing grades, problems with family and friends, legal troubles?

- No problem Minor problem Moderate problem Serious problem
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If you checked 5 or more of the 13 behaviors on Question 1, Yes on Question 2, and Moderate or Serious on question 3, investigate a diagnosis of bipolar disorder.

The Mood Disorder Questionnaire (MDQ) was developed by a team of psychiatrists, researchers and consumer advocates to address the need for timely and accurate evaluation of bipolar disorder.

Clinical Utility

- The MDQ is a brief self-report instrument that takes about 5 minutes to complete.
- This instrument is designed for *screening purposes only* and is not to be used as a diagnostic tool.
- A positive screen should be followed by a comprehensive evaluation.

Scoring

In order to screen positive for possible bipolar disorder, all three parts of the following criteria must be met:

- “YES” to 7 or more of the 13 items in Question 1 **AND**
- “Yes” to Question number 2 **AND**
- “Moderate Problem” or “Serious Problem” to Question 3

Warning: High Mood Disorder Questionnaire Score

A high Mood Disorder Questionnaire score indicates a potential for a mood disorder. This questionnaire is a screening tool and cannot diagnose a specific condition. It's important to schedule an appointment with a mental health professional for a comprehensive evaluation. They can help determine the best course of action for you. Please call PROSPER to discuss with a perinatal psychiatrist before starting any medication.

Antidepressants can be very helpful for some people, but they are not always the right choice for everyone. A healthcare professional can:

- Review your medical history and current medications.
- Explain the potential benefits and risks of medication.
- Discuss alternative treatment options.
- Advise the appropriate medication and dosage if necessary.

1. Hirschfeld RMA, et al. Development and validation of a screening instrument for bipolar spectrum disorder: The Mood Disorder Questionnaire, *Am J of Psychiatry*, 2000, 157:1873-1875.
2. Hirschfeld RMA. The mood disorder Questionnaire: A simple, patient-rated screening instrument for bi-polar disorder. *Journal of Clinical Psychiatry Primary Care Companion* 2002; 4: 9-11.
3. Miller CJ et al, Sensitivity and specificity of the Mood Disorder Questionnaire for detecting bipolar disorder. *J Affect Disorder* 2004. 81: 167-171.
4. Hirschfeld RMA, et al. Screening for bipolar disorder in patients treated for depression in a family medicine clinic. *JABFP* 2005, 18: 233-239.

