

## The Mood Disorder Questionnaire (MDQ)

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	YES	NO
<b>1. Has there ever been a period of time when you were not your usual self and...</b>		
... 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 you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
... you were much 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 much 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 into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; or getting into arguments or fights?</b>		
<input type="checkbox"/> no problem <input type="checkbox"/> minor problem <input type="checkbox"/> moderate problem <input type="checkbox"/> serious problem		