

SCREENING QUESTIONNAIRE

Name: _____ Date: _____

MARK YES OR NO.

PUT A QUESTION MARK IF YOU ARE NOT SURE HOW TO ANSWER.

LEAVE THE FAR RIGHT COLUMN FOR DOCTOR TO WRITE IN. OKAY TO MAKE COMMENTS ANYWHERE ELSE.

PART A	YES	NO	FOR DOCTOR
Currently, or at any other time in your life, when your mood was at its lowest, did you ever have at least 2 weeks when you felt depressed, sad or empty most of the day, nearly every day?			
a) If yes, did it markedly interfere with your life?			
b) If yes, was it clearly different from your usual functioning?			
Currently, or at any other time in your life, when your mood was at its lowest, did you ever have at least 2 weeks when you lost practically all interest or pleasure in doing things most of the day, nearly every day?			
a) If yes, did it markedly interfere with your life?			
b) If yes, was it clearly different from your usual functioning?			
IF YOU ANSWERED YES , WHEN THIS LOW MOOD WAS AT ITS WORST....			
Did you have a poor appetite or overeat most days, OR did your weight change as much as 10 pounds?			
Did you have trouble falling asleep, staying asleep, or sleeping too much, nearly every day?			
Were you unable to sit still and paced back and forth, OR did you talk or move more slowly?			
Did you feel tired all the time most of the day, nearly every day?			
Did you feel worthless or guilty most of the day, nearly every day?			
Did you have a lot more trouble concentrating on things, such as reading the newspaper or watching television most of the day, nearly every day?			
Did you think a lot about death, or about hurting yourself in some way, nearly every day?			
Did you attempt suicide?			

PART B	YES	NO	FOR DOCTOR
Currently, or at any other time in your life, did you ever have at least several days when you more energetic than usual and your mood was different than usual: either very happy, excited, irritable, or angry; and it was clearly different from your usual mood			
IF YOU ANSWERED YES, WHEN THIS HIGH OR ANGRY MOOD WAS THE MOST EXTREME.....			
Did you feel that you had special abilities to do things others couldn't do; or that you were an especially important person? Or was your self-confidence markedly better than usual?			
Did you get by on less sleep but still didn't feel tired or sleepy?			
Were you unusually talkative, or did you talk so fast that people said they couldn't understand you?			
Did thoughts race through your head so fast that you couldn't keep track of them?			
Were you easily distracted so that any little interruption could get you off the track?			
Were you so much more active than usual that you or your family or friends were concerned about it, or were you unable to sit still and paced up and down?			
Did you go on spending sprees – spending so much money that it caused you or your family some financial trouble, or did you make foolish decisions about money?			
Was your interest in sex so much stronger than was typical for you that you wanted to have sex a lot more frequently than was normal for you, or with people your normally wouldn't be interested in?			
Did you engage in other reckless behavior, such as driving faster than usual? Taking other risks?			
Did the high or angry mood interfere with your life a lot, or cause you to get into trouble? Or were you ever in hospital because of it?			

HAVE SOME OF THE ABOVE BEHAVIORS BEEN A PROBLEM, BUT NOT NECESSARILY AT THE SAME TIME AS A HIGH OR ANGRY MOOD? **If so: put an * in the margin at the appropriate spot.**

PART C	YES	NO	FOR DOCTOR
Did you ever have a spell or attack when all of a sudden you felt frightened, anxious, or very uneasy in situations when most people would not be afraid or anxious? AND ...did these spells or attacks develop abruptly and reach a peak within 10 minutes?			
Did you ever have a strong fear of being embarrassed by speaking, eating, or writing in front of other people your own age? AND ...did you become extremely nervous or panicky when you had to speak, eat, or write in front of others?			
Did you ever have a strong, unreasonable fear of a specific object or situation, for example: ...certain kinds of animals or insects? OR ...heights, storms, water, airplanes, elevators, enclosed spaces? OR ...seeing blood, getting a shot, going to the dentist or the hospital?			
Did you ever have unwanted, awful thoughts that you couldn't resist thinking, like worrying about cleanliness, germs, or harming someone? AND ...did this worrying last for hours a day, for weeks, or more?			
Did you ever have unwanted rituals that you couldn't resist doing, like praying, counting, repeating words silently, washing your hands, checking things, or putting everything in precisely the right place? AND ...did these rituals last for hours a day, for weeks or more?			
Were you ever in a life-threatening situation that was extremely upsetting, like: being attacked (or raped), or threatened with a weapon? OR ...being in a major disaster, serious traffic accident or fire? OR ...watching someone being badly injured or killed?			
In your lifetime, for at least 1 week (off and on), did you ever believe that... strangers seemed to drop hints meant for you, or say things to you with double meanings? OR ... there were strange personal references to you in the newspapers or on TV or radio? OR ... you had a special gift or special powers to do things others couldn't do, or that you were as especially important person? OR ...you heard strange noises, or the voices of people whispering or talking (when you were completely awake) that other people, if they were present, couldn't hear? OR ...you had visions or saw things that other people couldn't see (when you were completely awake)?			

PART D	YES	NO	FOR DOCTOR
Are you currently or have you in the past experienced any of the following problems around food or your weight? Starving yourself to control your weight? Constant belief that you are too fat even when those around you are concerned that you are too thin? Eating large amounts of food and then vomiting? Using laxatives or diuretics to control your weight?			

PART E	YES	NO	FOR DOCTOR
Have you had the experience of losing substantial chunks of time: e.g. half days – not knowing where you were or what you were doing? Traveling to another city/town and not having any idea how you got there? People coming up to you and telling you about things they have done with you but you have no memory of them? People calling you by different names? Having clothes in your closet that fit you but are not your usual style and you do not know where they came from?			