

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.	I have been feeling low in energy, slowed down.	0	1	2	3			
4.	I have been blaming myself for things not working out, or for letting people down.	0	1	2	3			
5.	I have had a poor appetite OR I have been overeating.	0	1	2	3			
6.	I have had difficulty falling asleep, AND/OR staying asleep.	0	1	2	3			
7.	I have been feeling hopeless about the future.	0	1	2	3			
8.	I have been feeling sad, down or blue.	0	1	2	3			
9.	I have been feeling no interest or pleasure in doing things.	0	1	2	3			
10.	I have had feelings of worthlessness.	0	1	2	3			
11.	I have had thoughts about hurting myself or being better off dead.	0	1	2	3			
12.	I 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. I felt so good or so hyper that other people thought I was not my normal self.	0	1	2	3
16. I was so irritable that I shouted at people or started fights or arguments.	0	1	2	3
17. I felt much more self-confident than usual.	0	1	2	3
18. I got much less sleep than usual and found I didn't really miss it.	0	1	2	3
19. I was much more talkative or spoke much faster than usual.	0	1	2	3
20. Thoughts raced through my head or I couldn't slow my mind down.	0	1	2	3
21. I was so easily distracted by things around me that I had trouble concentrating or staying on track.	0	1	2	3
22. I had much more energy than usual.	0	1	2	3
23. I was much more active or did many more things than usual.	0	1	2	3
24. I was much more social or outgoing than usual, for example, I telephoned friends in the middle of the night.	0	1	2	3
25. I was much more interested in sex than usual.	0	1	2	3
26. I did things that other people might have thought were excessive, foolish or risky.	0	1	2	3
27. Spending money got me or my family into trouble.	0	1	2	3
13 items	0 – 13	14 – 39	Total → 	