

## FINE-TUNING YOUR MOOD ASSESSMENT

NAME: \_\_\_\_\_ DATE \_\_\_\_\_ CHECK-OFF NUMBER: \_\_\_\_\_

*Check off any of the following boxes or lines if they apply to you*

- A.** Are you "moody"? Do your negative moods come and go somewhat unpredictably, and not always in reaction to a particular interaction or event? Yes
- B.** Do your mood changes occur only when you skip meals, eat poorly, in winter, or before menstrual period? \_\_\_\_\_
- C.** Do you have any of the following: ADD \_\_\_\_\_ ADHD \_\_\_\_\_ OCD \_\_\_\_\_ SAD \_\_\_\_\_ Postpartum Depression \_\_\_\_\_
- D.** Please answer yes or no or fill in the blanks as indicated below.

1. Do your moods vary quite a bit? Yes

If yes, please explain:

- 2. Do your moods change significantly during a single day? Yes If yes, how often? \_\_\_\_\_
- 3. Do they change significantly during a week? Yes 2-4 times \_\_\_\_\_ more often \_\_\_\_\_
- 4. Do they change significantly during a month? Yes  1-4 times \_\_\_\_\_ more often \_\_\_\_\_
- 5. Do they change significantly during a year? Yes  1-4 times \_\_\_\_\_ more often \_\_\_\_\_
- 6. How many episodes of depression have you had in your lifetime? \_\_\_\_\_
- 7. Do you have *episodes* of anxiety? Yes  Of agitation? Yes  Of anger/irritability? Yes
- 8. How old were you when you began to have mood swings, episodes of depression, or other mood or sleep

problems? \_\_\_\_\_

- 9. Is your mental energy *very high* most of the time? Yes  High physical energy? Yes   
Do others say you talk too fast? Yes

10. Do you sometimes have periods when you feel (check all symptoms that have ever applied).

- "High"      sleepless?      very creative?      angry?      oversexed?  
irritable?      mind races?      over-energized?      manic?      \_\_\_\_\_  
Do any of the above symptoms occur frequently?

11. Do you have a hard time controlling your mood? Yes    
Do you have a hard time controlling your spending? Yes

12. Do other people complain about your changing moods? Yes

13. Have any of your family members had any of the symptoms from questions 1-12? Yes

14. Have any above symptoms started, changed, or intensified after you started to take an antidepressant drug? Yes

15. Have you been or has anyone in your family been suicidal? You? Yes  Family Member? Yes   
Attempts? You? Yes  Family member? Yes

16. Psychiatric hospitalization? You? Yes  Family? Yes

17. Have you been/are you currently on mood "stabilizing" medications? Any of the following, or others?

Lamictal, Depakote, Lithium, Geodon, Seroquel, Abilify? Other: \_\_\_\_\_