

Sharing your questionnaire responses with the healthcare provider may provide added insight into your loved one's illness. While you're having that conversation, here are some questions you may want to ask (plus some space to add your own). Also be sure to tell the healthcare provider of any previous diagnosis or family history of bipolar disorder.

- Based on the responses to this questionnaire, could my loved one's symptoms be *bipolar* depression instead of another kind of depression?
- What are the differences between bipolar depression and other kinds of depression?
- Is bipolar depression treated differently from other kinds of depression? If so, how?
- What are the three FDA-approved treatment options for bipolar depression?
- What things can I do to help my loved one better manage his/her symptoms?
- _____
- _____
- _____

THE MOOD DISORDER QUESTIONNAIRE

1 - Has there ever been a period of time when your friend or loved one was not their usual self and...

- | | | |
|--|---------------------------|--------------------------|
| ... he or she seemed to feel so good or so hyper that other people thought they were not their normal self, or were so hyper that they got into trouble? | <input type="radio"/> YES | <input type="radio"/> NO |
| ... he or she was so irritable that they shouted at people or started fights or arguments? | <input type="radio"/> YES | <input type="radio"/> NO |
| ... he or she appeared to feel much more self-confident than usual? | <input type="radio"/> YES | <input type="radio"/> NO |
| ... he or she got much less sleep than usual and didn't appear to really miss it? | <input type="radio"/> YES | <input type="radio"/> NO |
| ... he or she was much more talkative and/or spoke much faster than usual? | <input type="radio"/> YES | <input type="radio"/> NO |

- ... he or she has ever expressed that their thoughts raced in their head and/or they couldn't slow their mind down? YES NO
- ... he or she was so easily distracted by things around them that they had trouble concentrating or staying on track? YES NO
- ... he or she had much more energy than usual? YES NO
- ... he or she was much more active and/or did many more things than usual? YES NO
- ... he or she was much more social or outgoing than usual—for example, telephoning friends in the middle of the night? YES NO
- ... he or she was much more interested in sex than usual? YES NO
- ... he or she did things that were unusual for them or that you or other people might have thought were excessive, foolish, or risky? YES NO
- ... spending money got them or their family into trouble? YES NO
- 2 - If you checked YES to more than one of the above, have several of these ever happened during the same period of time?** YES NO

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

- NO PROBLEM MINOR PROBLEM MODERATE PROBLEM SERIOUS PROBLEM

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.
Always consult with your healthcare provider.

THE MOOD DISORDER QUESTIONNAIRE
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