



Take this mood disorder questionnaire— and discuss it with your doctor

Sharing your questionnaire responses with your healthcare provider is a great opportunity for a frank talk about your symptoms. To get the conversation started, here are a few questions you may want to ask (plus some space to add your own). Also be sure to tell your healthcare provider of any previous diagnosis or family history of bipolar disorder.

- Based on my responses, could my 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 four FDA-approved treatment options for bipolar depression?
- What things can I do, in addition to medicine, to manage my depressive symptoms?
- _____
- _____
- _____

THE MOOD DISORDER QUESTIONNAIRE

1 - Has there ever been a period of time when you were not your usual self and...

... 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? YES NO

... you were so irritable that you shouted at people or started fights or arguments? YES NO

... you felt much more self-confident than usual? YES NO

... you got much less sleep than usual and found you didn't really miss it? YES NO

... you were much more talkative or spoke much faster than usual? YES NO

... thoughts raced through your head or you couldn't slow your mind down? YES NO

... you were so easily distracted by things around you that you had trouble concentrating or staying on track? YES NO

... you had much more energy than usual? YES NO

... you were much more active or did many more things than usual? YES NO

... you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night? YES NO

... you were much more interested in sex than usual? YES NO

... you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? YES NO

... spending money got you or your 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 you—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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08/19 LAT-US-00571-19