



Name: \_\_\_\_\_ Date: \_\_\_\_\_

GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_ **INSTRUCTION:** Please tick the answer that best fits the question.

1. Has there ever been a period of time when... ...you were not your usual self 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you felt much more self-confident than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
... you were more talkative or spoke much faster than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
... you were easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you had much more energy than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more active or did many more things than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more social or outgoing than usual for example, you telephoned friends in the middle of the night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...you were much more interested in sex than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. How much of a problem did any of these cause you-like being able to work; having family, money, or legal troubles; getting into arguments or fights? (circle)
No Problem                      Minor Problem                      Moderate Problem                      Serious Problem

4. Have any of your blood relative(i.e children, siblings, parents, grandparents, aunts, uncles) Had manic-depressive illness or bipolar disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

**Adapted form:**  
2000 university of Texas medical branch

**Principle Author:**  
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