

## Mood Disorder Questionnaire (MDQ)

**Instructions:** Please answer each question as best you can.

		Yes	No
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 in to trouble?	<input type="checkbox"/>		<input type="checkbox"/>
... you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>		<input type="checkbox"/>
... you felt much more self-confident than usual?	<input type="checkbox"/>		<input type="checkbox"/>
... you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/>		<input type="checkbox"/>
... you were much more talkative or spoke much faster than usual?	<input type="checkbox"/>		<input type="checkbox"/>
... thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>		<input type="checkbox"/>
... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>		<input type="checkbox"/>
... you had much more energy than usual?	<input type="checkbox"/>		<input type="checkbox"/>
... you were much more active or did many more things than usual?	<input type="checkbox"/>		<input type="checkbox"/>
... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>		<input type="checkbox"/>
... you were much more interested in sex than usual?	<input type="checkbox"/>		<input type="checkbox"/>
... you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>		<input type="checkbox"/>
... spending money got you or your family into trouble?	<input type="checkbox"/>		<input type="checkbox"/>

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting in to arguments or fights?

*Please circle one response only.*

No problem                      Minor problem                      Moderate problem                      Serious problem

4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?

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# YOUNG MANIA RATING SCALE (YMRS)

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## GUIDE FOR SCORING ITEMS

The purpose of each item is to rate the severity of that abnormality in the patient. When several keys are given for a particular grade of severity, the presence of only one is required to qualify for that rating.

The keys provided are guides. One can ignore the keys if that is necessary to indicate severity, although this should be the exception rather than the rule.

Scoring between the points given (whole or half points) is possible and encouraged after experience with the scale is acquired. This is particularly useful when severity of a particular item in a patient does not follow the progression indicated by the keys.

Specify **one** of the reasons listed below by putting the appropriate number in adjacent box.

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### 1. ELEVATED MOOD

- 0 - Absent
  - 1 - Mildly or possibly increased on questioning
  - 2 - Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content
  - 3 - Elevated, inappropriate to content; humorous
  - 4 - Euphoric; inappropriate laughter; singing
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### 2. INCREASED MOTOR ACTIVITY ENERGY

- 0 - Absent
  - 1 - Subjectively increased
  - 2 - Animated; gestures increased
  - 3 - Excessive energy; hyperactive at times; restless (can be calmed)
  - 4 - Motor excitement; continuous hyperactivity (cannot be calmed)
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### 3. SEXUAL INTEREST

- 0 - Normal; not increased
  - 1 - Mildly or possibly increased
  - 2 - Definite subjective increase on questioning
  - 3 - Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report
  - 4 - Overt sexual acts (toward patients, staff, or interviewer)
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### 4. SLEEP

- 0 - Reports no decrease in sleep
  - 1 - Sleeping less than normal amount by up to one hour
  - 2 - Sleeping less than normal by more than one hour
  - 3 - Reports decreased need for sleep
  - 4 - Denies need for sleep
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### 5. IRRITABILITY

- 0 - Absent
- 2 - Subjectively increased
- 4 - Irritable at times during interview; recent episodes of anger or annoyance on ward
- 6 - Frequently irritable during interview; short, curt throughout
- 8 - Hostile, uncooperative; interview impossible

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**6. SPEECH (Rate and Amount)**

- 0 - No increase
- 2 - Feels talkative
- 4 - Increased rate or amount at times, verbose at times
- 6 - Push; consistently increased rate and amount; difficult to interrupt
- 8 - Pressured; uninterruptible, continuous speech

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**7. LANGUAGE - THOUGHT DISORDER**

- 0 - Absent
- 1 - Circumstantial; mild distractibility; quick thoughts
- 2 - Distractible; loses goal of thought; change topics frequently; racing thoughts
- 3 - Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia
- 4 - Incoherent; communication impossible

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**8. CONTENT**

- 0 - Normal
- 2 - Questionable plans, new interests
- 4 - Special project(s); hyperreligious
- 6 - Grandiose or paranoid ideas; ideas of reference
- 8 - Delusions; hallucinations

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**9. DISRUPTIVE - AGGRESSIVE BEHAVIOR**

- 0 - Absent, cooperative
- 2 - Sarcastic; loud at times, guarded
- 4 - Demanding; threats on ward
- 6 - Threatens interviewer; shouting; interview difficult
- 8 - Assaultive; destructive; interview impossible

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**10. APPEARANCE**

- 0 - Appropriate dress and grooming
- 1 - Minimally unkempt
- 2 - Poorly groomed; moderately dishevelled; overdressed
- 3 - Dishevelled; partly clothed; garish make-up
- 4 - Completely unkempt; decorated; bizarre garb

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**11. INSIGHT**

- 0 - Present; admits illness; agrees with need for treatment
- 1 - Possibly ill
- 2 - Admits behavior change, but denies illness
- 3 - Admits possible change in behavior, but denies illness
- 4 - Denies any behavior change

# BECH-RAFAELSEN MANIA RATING SCALE (MRS)

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## LIST OF DEFINITIONS

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### 1. ACTIVITY (MOTOR)

- 0 - Normal motor activity, adequate facial expression.
  - 1 - Slightly increased motor activity, lively facial expression.
  - 2 - Somewhat excessive motor activity, lively gestures.
  - 3 - Outright excessive motor activity, on the move most of the time. Rises one or several times during interview.
  - 4 - Constantly active, restlessly energetic. Even if urged, patient cannot sit still.
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### 2. ACTIVITY (VERBAL)

- 0 - Normal verbal activity.
  - 1 - Somewhat talkative.
  - 2 - Very talkative, no spontaneous intervals in the conversation.
  - 3 - Difficult to interrupt.
  - 4 - Impossible to interrupt, completely dominates conversation.
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### 3. FLIGHT OF THOUGHTS

- 0 - Cohesive speech, no flight of thoughts.
  - 1 - Lively descriptions, explanations and elaborations without losing connection with the topic of conversation. The speech is still cohesive.
  - 2 - Now and again it is difficult for the patient to stick to the topic, as the patient is distracted by random associations (often rhymes, clangs, puns, pieces of verse or music).
  - 3 - The fine of thought is regularly disrupted by diversionary associations.
  - 4 - It is difficult to impossible to follow the patient's line of thought, as the patient constantly lumps from one topic subject to another.
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### 4. VOICE/NOISE LEVEL

- 0 - Natural volume of voice.
  - 1 - Speaks loudly without being noisy.
  - 2 - Voice discernible at a distance, and somewhat noisy.
  - 3 - Vociferous, voice discernible at a long distance, is noisy, singing.
  - 4 - Shouting, screaming, or using other sources of noise due to hoarseness.
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### 5. HOSTILITY/DESTRUCTIVENESS

- 0 - No signs of impatience or hostility.
- 1 - Somewhat impatient or irritable, but control is maintained.
- 2 - Markedly impatient or irritable. Provocation badly tolerated.
- 3 - Provocative, makes threats, but can be calmed down.
- 4 - Overt physical violence. Physically destructive.

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## 6. MOOD (FEELINGS OF WELL-BEING)

- 0 - Neutral mood.
- 1 - Slightly elevated mood, optimistic, but still adapted to situation.
- 2 - Moderately elevated mood, joking, laughing.
- 3 - Markedly elevated mood, exuberant both in manner and speech.
- 4 - Extremely elevated mood, quite irrelevant to situation.

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## 7. SELF-ESTEEM

- 0 - Normal self-esteem.
- 1 - Slightly increased self-esteem, slightly boasting.
- 2 - Moderately increased self-esteem, boasting; frequent use of superlatives.
- 3 - Bragging, unrealistic ideas.
- 4 - Grandiose ideas which cannot be corrected.

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## 8. CONTACT

- 0 - Normal contact.
- 1 - Slightly meddling, putting his oar in.
- 2 - Moderately meddling and arguing.
- 3 - Dominating, arranging, directing, but still in context with the setting.
- 4 - Extremely dominating and manipulating, without context with the setting.

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## 9. SLEEP (AVERAGE OF LAST 3 NIGHTS)

- 0 - Habitual duration of sleep.
- 1 - Duration of sleep reduced by 25%.
- 2 - Duration of sleep reduced by 50%.
- 3 - Duration of sleep reduced by 75%.
- 4 - No sleep.

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## 10. SEXUAL INTEREST

- 0 - Habitual sexual interest and activity.
- 1 - Slight increase in sexual interest and activity.
- 2 - Moderate increase in sexual interest and activity.
- 3 - Marked increase in sexual interest and activity, as shown in manner and speech.
- 4 - Completely and inadequately occupied by sexuality.

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## 11. Work

### A. At first rating of the patient

- 0 - Normal work activity.
- 1 - Slightly increased drive, but work quality is slightly reduced, as motivation is changing, and the patient somewhat distractible.
- 2 - Increased drive, but motivation clearly fluctuating. The patient has difficulties in judging own work quality and the quality is indeed lowered. Often quarrels at work.
- 3 - Work capacity clearly reduced, and from time to time the patient loses control; has to stop work and be sick-listed. If the patient is hospitalized, he can participate for some hours per day in ward activities.
- 4 - The patient is (or ought to be) hospitalized and unable to participate in ward activities.

### B. At weekly ratings

- 0 - a) The patient has resumed work at his/her normal activity level.  
b) When the patient will have no trouble in resuming normal work.
- 1 - a) The patient is working, but the effort is somewhat reduced due to changing motivation.  
b) It is doubtful whether the patient can resume normal work on a full scale due to distractibility and changing motivation.
- 2 - a) The patient is working, but at a clearly reduced level (eg, due to episodes of nonattendance).  
b) The patient is still hospitalized or sick-listed. He is only able to resume work if special precautions are taken; close supervision and/or reduced time.
- 3 - The patient is still hospitalized or sick-listed and is unable to resume work. In hospital, he participated for some hours per day in ward activities.
- 4 - The patient is still fully hospitalized and generally unable to participate in ward activities.

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## CLINICAL GLOBAL IMPRESSION-BIPOLAR (CGI-BP)

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**A. WHICH MEDICATION IS BEING EVALUATED? (If Known):**

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**B. ASSESSMENT TYPE:**

- 1. Admission
- 2. Acute
- 3. Prophylactic

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**C. WHAT WAS THE PATIENT'S MOOD STATE AT TRIAL ENTRY? (Choose One)**

- 1. Depressed
- 2. Euthymic
- 3. Dysphoric Mania
- 4. Euphoric Mania
- 5. Cycling

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**D. HOW LONG HAD THE PATIENT BEEN IN THIS MOOD STATE?**

- \_\_\_\_\_
- Days
- Weeks
- Months
- Years

**I. SEVERITY of Illness**

Considering your total clinical experience with bipolar patients, how severely ill has the patient been during the assessment period? ACUTE ASSESSMENTS reflect the past week. PROPHYLACTIC ASSESSMENTS reflect the time on current prophylactic medication(s) with emphasis on the most recent episodes.

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Normal, not ill	Minimally ill	Mildly ill	Moderately ill	Markedly ill	Severely ill	Very severely ill
1	2	3	4	5	6	7

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- a. Mania \_\_\_\_\_
- b. Depression \_\_\_\_\_
- c. Overall Bipolar Illness \_\_\_\_\_

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**D. How long had the patient been in this mood state? (cont)****II. Change from PRECEDING Phase**

Compared to the phase immediately preceding this trial, how much has the patient changed? For ACUTE ASSESSMENTS, compare the current week to the week preceding initiation of treatment for the present episode. For PROPHYLACTIC ASSESSMENTS, compare the manic and depressive episodes on current prophylactic medication(s) to episodes immediately preceding this treatment.

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Very much improved	Much improved	Minimally improved	No change	Minimally worse	Much worse	Very much worse	Not applicable
1	2	3	4	5	6	7	8

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- a. Mania \_\_\_\_\_  
b. Depression \_\_\_\_\_  
c. Overall Bipolar Illness \_\_\_\_\_

**III. Change from WORST Phase of Illness**

Compared to the patient's worst phase of illness prior to the current medication trial or during the early titration phase, how much has the patient changed? For ACUTE ASSESSMENTS, compare the current week to the worst week within this episode.

For PROPHYLACTIC ASSESSMENTS, compare the manic and depressive episodes on current prophylactic medication(s) to episodes during the patient's worst phase of illness when untreated or on ineffective medication(s).

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Very much improved	Much improved	Minimally improved	No change	Minimally worse	Much worse	Very much worse	Not applicable
1	2	3	4	5	6	7	8

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- a. Mania \_\_\_\_\_  
b. Depression \_\_\_\_\_  
c. Overall Bipolar Illness \_\_\_\_\_

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**E. IS THE PATIENT EXPERIENCING SIGNIFICANT SIDE EFFECTS?**

- \_\_\_ 1. Yes  
\_\_\_ 2. No

If yes, specify and rate:

- a. \_\_\_\_\_  
b. \_\_\_\_\_

1. MILD Does not interfere with patient's functioning or comfort  
2. MODERATE Significantly interferes with patient's functioning or comfort  
3. SEVERE Markedly interferes with patient's functioning or comfort

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**F. NOTE: IF YOU FEEL THAT THIS ASSESSMENT IS UNRELIABLE, MARK THE APPROPRIATE REASON BELOW:**

1. Not Compliant with Study Meds  
2. Non-Study Meds Added  
3. Substance Abuse  
4. Other \_\_\_\_\_