# Bipolar Disorder Checklist

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| **Name:** Jess Smith |
| **Date:** 12/11/2023 |
| **Age:** 34 |

**Instructions:** Please answer the following questions to the best of your ability. Choose the answer that best describes your experience in the past two weeks.

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## Mood

1. Have you experienced any periods of feeling excessively happy, euphoric, or elated?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? The past 6 months
- How severe were these feelings?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☑ 3 *(Moderate)* | ☐ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

2. Have you experienced any periods of feeling excessively irritable, restless, or angry?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? The past 6 months
- How severe were these feelings?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☑ 3 *(Moderate)* | ☐ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

3. Have you experienced any periods of feeling sad, hopeless, or discouraged?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long?3 years
- How severe were these feelings?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☑ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

## Energy

1. Have you experienced any periods of increased energy or activity?

| | |
|---|---|
| ☐ Yes | ☑ No |

- If yes, for how long?
- How severe was the increase in energy?

| | | | | |
|---|---|---|---|---|
| ☑ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☐ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

2. Have you experienced any periods of decreased energy or fatigue?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long?3 years
- How severe was the decrease in energy?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☑ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

# Sleep

1. Have you experienced any difficulty falling asleep or staying asleep?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? Whole life
- How severe was the sleep disturbance?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☑ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

2. Have you experienced any changes in your sleep patterns, such as sleeping more or less than usual?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? 1 year
- How severe was the change in sleep patterns?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☑ 3 *(Moderate)* | ☐ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

# Behavior

1. Have you engaged in any impulsive or risky behaviors?

| | |
|---|---|
| ☐ Yes | ☑ No |

- If yes, please provide examples:

2. Have you withdrawn from social activities or isolated yourself from others?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? often
- How severe was the social withdrawal?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☑ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

3. Have you experienced any racing thoughts or difficulty concentrating?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? at least once a week
- How severe were the racing thoughts or difficulty concentrating?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☑ 3 *(Moderate)* | ☐ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

## Additional Symptoms

1. Have you experienced any difficulty making decisions or thinking clearly?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? 1 year
- How severe was the difficulty making decisions or thinking clearly?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☑ 4 *(Severe)* | ☐ 5 *(Very Severe)* |

2. Have you experienced any hallucinations or delusions?

| | |
|---|---|
| ☐ Yes | ☑ No |

- If yes, please provide examples:

| |
|---|
| |

3. Have you experienced any changes in your appetite or weight?

| | |
|---|---|
| ☑ Yes | ☐ No |

- If yes, for how long? 6 months
- How severe were the changes in appetite or weight?

| | | | | |
|---|---|---|---|---|
| ☐ 1 *(Not at all)* | ☐ 2 *(Mild)* | ☐ 3 *(Moderate)* | ☑ 4 *(Severe)* | ☐ 5 *(Very Severe)* |