Bipolar Disorder Checklist

Name:	
Date:	
Age:	

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.

Mood

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

◯ Yes	◯ No

- If yes, for how long?
- 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?
- 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?
- 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?
- 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?
- 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?
- 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 Have you withdrawn from social activities or isolated yourself from others?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?
- 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?
- 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?
- 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?
- How severe were the changes in appetite or weight?

◯ 1 *(Not at all)*	◯ 2 *(Mild)*	◯ 3 *(Moderate)*	◯ 4 *(Severe)*	◯ 5 *(Very Severe)*