Bipolar Recovery Questionnaire

Personal Information

Name: _____ Age: _____ Gender: _____

Mood & Symptom Assessment

Instructions: Rate past week's experiences:

0 = Not at all

1 = Occasionally

2 = Often

3 = Very Often

A. Depressive Symptoms

	Feeling sad or downhearted.
	Loss of interest or pleasure in activities.
	Changes in appetite or weight.
	Trouble sleeping or excessive sleeping.
	Fatigue or lack of energy.
	Feeling worthless or excessive guilt.
	Difficulty concentrating or making decisions.
	Thoughts of death or suicide.

B. Manic/Hypomanic Symptoms

	Elevated or irritable mood.
	Increased energy or restlessness.
	Decreased need for sleep.
	Racing thoughts or fast speech.
	Engaging in high-risk activities.
	Excessive involvement in pleasurable activities.
	Irritability or anger.
	Overconfidence or grandiosity.

C. General Well-being

Rate between 1 - 10, with 1 being the lowest and 10 being the highest.

	Mood Rating
	Stress Management

Section 2: Medication & Treatment Adherence

Taking Prescribed Meds? Answer Yes or No.

If no, explain:

Attending Therapy? Answer Yes or No.

If no, explain:

Complementary Therapies (Yoga, Meditation)? Answer Yes or No.

If yes, frequency:

Section 4: Lifestyle & Coping Strategies

Regular Physical Activity? Answer Yes or No.

If yes, how often/type:

Relaxation Techniques? Answer Yes or No.

If yes, how often:

Adequate Sleep? Answer Yes or No.

If no, explain:

Balanced Diet? Answer Yes or No.

If no, explain:

Avoiding Alcohol & Drugs? Answer Yes or No.

If no, explain:

Creative Outlets (Art, Music)? Answer Yes or No.

If yes, how often:

Section 5: Social Support & Relationships

Social Engagement Frequency

Involved in Support Groups? Y/N

If yes, benefits:

Supportive Relationships? Y/N

If no, explain:

Communication Skills (Assertiveness)? Y/N

If working on, how:

Section 6: Future Planning & Goals

Short-term Goals for Bipolar Management:

Long-term Aspirations for Mental Health:

Section 7: Additional Comments

Share thoughts, challenges, achievements: