PHQ-9 / GAD-7

Patient name

Date:

A. Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all (0)**	**Several days (1)**	**More than half the days (2)**	**Nearly every day (3)**
Q1. Little interest or pleasure in doing things	O	O	O	O
Q2. Feeling nervous, anxious or on edge	O	O	O	O
Q3. Feeling down, depressed, or hopeless	O	O	O	O
Q4. Not being able to stop or control worrying	O	O	O	O
Q5. Trouble falling or staying asleep, or sleeping too much	O	O	O	O
Q6. Worrying too much about different things	O	O	O	O
Q7. Feeling tired or having little energy	O	O	O	O
Q8. Trouble relaxing	O	O	O	O
Q9. Poor appetitie or overeating	O	O	O	O
Q10. Being so restless that it is hard to sit still	O	O	O	O
Q11. Feeling bad about yourself or that you are a failure or have let yourself or your family down	O	O	O	O
Q12. Becoming easily annoyed or irritable	O	O	O	O
Q13. Trouble concentrating on things, such as reading the newspaper or watching television	O	O	O	O
Q14. Felling afraid as if something awful might happen	O	O	O	O
Q15. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	O	O	O	O
Q16. Thoughts that you would be better off dead, or of hurting yourself in some way	O	O	O	O

B. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	O Not difficult at all	O Somewhat difficult	O Very difficult	O Extremely difficult

MOOD DISORDER QUESTIONNAIRE

Patient name

Date:

1. Has there ever been a period of time when you were not your usual self and...	**Yes**	**No**
...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?	○	○
...you were so irritable that you shouted at people or started fights or arguments	○	○
...you felt much more self-confident than usual?	○	○
...you got much less sleep than usual and found you didn't really miss it?	○	○
...you got much more talkative or spoke much faster than usual?	○	○
...thoughts raced through your head or you couldn't slow your mind down?	○	○
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	○	○
...you had much more energy than usual?	○	○
...you were much more active or did many more things than usual?	○	○
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	○	○
...you were much more interested in sex than usual?	○	○
...you did things that were unusual for you or that other people might hvae thought were excessive, foolish, or risky?	○	○
...spending money got you or your family into trouble?	○	○
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	**Yes**	**No**
	○	○

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

○ No Problem ○ Minor Problem ○ Moderate Problem ○ Serious Problem

4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	**Yes**	**No**
	○	○
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder	**Yes**	**No**
	○	○

Calculate

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					

Part B

Name _____ Date_____

The HCL-32 questionnaire for Energy, Activity and Mood

At different times in their life everyone experiences changes or swings in energy, activity and mood ("highs and lows" or "ups and downs"). The aim of this questionnaire is to assess the characteristics of the "high or hyper" periods.

1) First of all, how are you feeling today compared to your usual state:

(Please mark only ONE of the following)

Much worse than usual	Worse than usual	A little worse than usual	Neither better nor worse than usual	A little better than usual	Better than usual	Much better than usual
☐	☐	☐	☐	☐	☐	☐

2) How are you usually compared to other people?

Independently of how you feel today, please tell us how you are normally compared to other people, by marking which of the following statements describes you best.

Compared to other people my level of activity, energy and mood...

(Please mark only ONE of the following)

... is always rather stable and even	... is generally higher	... is generally lower	... repeatedly shows periods of ups and downs
☐	☐	☐	☐

3) Please try to remember a period when you were in a "high or hyper" state.

How did you feel then?

Turn to the other side and check all the statements that happen during a high or hyper state.

In such a "high or hyper" state:	YES	NO
1. I need less sleep	☐	☐
2. I feel more energetic and more active	☐	☐
3. I am more self-confident	☐	☐
4. I enjoy my work more	☐	☐
5. I am more sociable (make more phone calls, go out more)	☐	☐
6. I want to travel and/or do travel more	☐	☐
7. I tend to drive faster or take more risks when driving	☐	☐
8. I spend more money/too much money	☐	☐
9. I take more risks in my daily life (in my work and/or other activities)	☐	☐
10. I am physically more active (sports, etc.)	☐	☐
11. I plan more activities or projects	☐	☐
12. I have more ideas, I am more creative	☐	☐
13. I am less shy or inhibited	☐	☐
14. I wear more colorful and more extravagant clothes/make-up	☐	☐
15. I want to meet or actually do meet more people	☐	☐
16. I am more interested in sex, and/or have increased sexual desire	☐	☐
17. I am more flirtatious and/or am more sexually active	☐	☐
18. I talk more	☐	☐
19. I think faster	☐	☐
20. I make more jokes or puns when I am talking	☐	☐
21. I am more easily distracted	☐	☐
22. I engage in lots of new things	☐	☐
23. My thoughts jump from topic to topic	☐	☐
24. I do things more quickly and/or more easily	☐	☐
25. I am more impatient and/or get irritable more easily	☐	☐
26. I can be exhausting or irritating to others	☐	☐
27. I get into more quarrels	☐	☐
28. My mood is higher, more optimistic	☐	☐
29. I drink more coffee	☐	☐
30. I smoke more cigarettes	☐	☐
31. I drink more alcohol	☐	☐
32. I take more drugs (sedatives, anxiolytics, stimulants...)	☐	☐

4) Did the previous chart, which characterize a "high", describe how you are...
(Please mark only ONE of the following)

... sometimes? ☐ ⇨ if you mark this box, please answer all questions 5 to 9
... most of the time? ☐ ⇨ if you mark this box, please answer only questions 5 and 6
I never experienced such a "high" ☐ ⇨ if you mark this box, please stop here

5) Impact of your "highs" on various aspects of your life:

	Positive and negative	Positive	Negative	No impact
Family life	☐	☐	☐	☐
Social life	☐	☐	☐	☐
Work	☐	☐	☐	☐
Leisure	☐	☐	☐	☐

6) How did people close to you react to or comment on your "highs"?
(Please mark ONE of the following)

Positively (encouraging or supportive)	Neutral	Negatively (concerned, annoyed, irritated, critical)	Positively and negatively	No reactions
☐	☐	☐	☐	☐

7) Length of your "highs" as a rule (on the average):
(Please mark ONE of the following)

☐ 1 day
☐ 2–3 days
☐ 4–7 days
☐ longer than 1 week
☐ longer than 1 month
☐ I can' t judge / don't know

8) Have you experienced such "highs" in the past twelve months?

☐ Yes ☐ No

9) If yes, please estimate how many days you spent in "highs" during the last twelve months:
Taking all together: about _____ days

Source: J. Angst et al. / Journal of Affective Disorders 88 (2005) 217–233; cut-off ≥ 14.

Name _____ Date_____

Instructions: Please read through the entire passage below before filling in any blanks.

Some individuals notice that their mood and/or energy levels shift drastically from time to time ☐. These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high ☐. During their "low" phases, these individuals often feel a lack of energy; a need to stay in bed or get extra sleep; and little or no motivation to do things they need to do ☐. They often put on weight during these periods ☐. During their low phases, these individuals often feel "blue", sad all the time, or depressed ☐. Sometimes, during these low phases, they feel hopeless or even suicidal ☐. Their ability to function at work or socially is impaired ☐. Typically, these low phases last for a few weeks, but sometimes they last only a few days ☐.

Individuals with this type of pattern may experience a period of "normal" mood in between mood swings, during which their mood and energy level feels "right" and their ability to function is not disturbed ☐. They may then notice a marked shift or "switch" in the way they feel ☐. Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do ☐. Sometimes, during these "high" periods, these individuals feel as if they have too much energy or feel "hyper" ☐. Some individuals, during these high periods, may feel irritable, "on edge", or aggressive ☐. Some individuals, during these high periods, take on too many activities at once ☐. During these high periods, some individuals may spend money in ways that cause them trouble ☐. They may be more talkative, outgoing, or sexual during these periods ☐. Sometimes, their behavior during these high periods seems strange or annoying to others ☐. Sometimes, these individuals get into difficulty with co-workers or the police, during these high periods ☐. Sometimes, they increase their alcohol or non-prescription drug use during these high periods ☐.

Now that you have read this passage, please check one of the following four boxes (consider your whole life when you answer, including recent times):

☐ This story fits me very well, or almost perfectly	6
☐ This story fits me fairly well	4
☐ This story fits me to some degree, but not in most respects	2
☐ This story does not really describe me at all	0

Now please go back and put a check after each sentence that definitely describes your life.

Scoring

Add one point for each box checked in the paragraph, and 6, 4, 2 or 0 points for the final items. Scores greater than or equal to 13 are suggestive of bipolar disorder.

Reprinted with permission from

Ghaemi SN et al, Sensitivity and specificity of a new bipolar spectrum diagnostic scale. *J Affect Disord.* 2005;84(2-3):273-7.

for the doctor to fill out.

The Bipolarity Index

Directions: Circle the bulleted items that are positive in the patient's history. Score each of the five sections by circling the highest number (0-20) for which there is at least one positive item. The final score is the sum of all five sections.

I. Episode Characteristics	
20	• Acute manic or mixed episode with prominent euphoria, grandiosity or expansiveness and no significant medical or other secondary etiology.
15	• Acute mixed episode or dysphoric or irritable mania with no significant medical or other secondary etiology.
10	• Hypomanic episode with no significant medical or other secondary etiology; or • Cyclothymia with no significant medical or other secondary etiology; or • A manic episode within 12 weeks of starting an antidepressant.
5	• A hypomanic episode within 12 weeks of starting an antidepressant • Episodes with characteristic symptoms of hypomania, but symptoms, duration, or intensity are subthreshold for hypomania; or • A single MDE with psychotic or atypical features (atypical is ≥2 of the following: hypersomnia, hyperphagia or leaden paralysis of limbs); or • Any postpartum depression.
2	• Recurrent unipolar major depressive disorder (≥3 episode); or • History of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference or magical thinking).
0	• No history of significant mood elevation, recurrent depression or psychosis.
II. Age of Onset (first affective episode or syndrome)	
20	• 15 to 19 years.
15	• Before age 15 or between age 20 and 30.
10	• 30 to 45 years.
5	• After age 45.
0	• No history of affective illness (no episodes, cyclothymia, dysthymia or bipolar-NOS).
III. Course of Illness & Associated Features	
20	• Recurrent, distinct manic episodes separated by at least 2 months of full recovery.
15	• Recurrent, distinct manic episodes with incomplete inter-episode recovery; or • Recurrent, distinct hypomanic episodes with full inter-episode recovery.
10	• Any substance use disorder (excluding nicotine/caffeine); or • Psychotic features only during acute mood episodes; or • Incarceration or repeated legal offenses related to manic behavior (e.g. shoplifting, reckless driving or bankruptcy).
5	• Recurrent unipolar MDD with ≥3 or more major depressive episodes; or • Recurrent, distinct hypomanic episodes without full inter-episode recovery; or • Borderline personality disorder, anxiety disorder (including PTSD and OCD), eating disorder; or history of ADHD with onset before puberty; or • Engagement in gambling or other risky behaviors with the potential to pose a problem for patient, family or friends; or • Behavioral evidence of perimenstrual exacerbation of mood symptoms.
2	• Baseline hyperthymic personality when not manic or depressed; or • Marriage 3 or more times (including remarriage to the same individual); or • In two or more years, has started a new job and changed jobs after less than a year; or • Has more than two advanced degrees.
0	• None of the above.
IV. Response to Treatment	
20	• Full recovery within 4 weeks of therapeutic treatment with a mood stabilizer.
15	• Full recovery within 12 weeks of therapeutic treatment with a mood stabilizer or relapse within 12 weeks of discontinuing treatment; or • Affective switch to mania (pure or mixed) within 12 weeks of starting a new antidepressant or increasing dose.
10	• Worsening dysphoria or mixed symptoms during antidepressant treatment subthreshold for mania (exclude worsening that is limited to known antidepressant side effects such as akathisia, anxiety or sedation); or • Partial response to one or two mood stabilizers within 12 weeks of therapeutic treatment; or • Antidepressant-induced new or worsening rapid-cycling course.
5	• Treatment resistance: lack of response to complete trials of 3 or more antidepressants; or • Affective switch to mania or hypomania with antidepressant withdrawal.
2	• Immediate, near-complete response to antidepressant withdrawal within 1 week or less.
0	• None of the above, or no treatment.
V. Family History	
20	• At least one first-degree relative with clear bipolar disorder.
15	• At least one second-degree relative with clear bipolar disorder; or • At least one first-degree relative with recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
10	• First-degree relative with recurrent unipolar MDD or schizoaffective disorder; or • Any relative with clear bipolar disorder or recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
5	• First-degree relative with clear substance use disorder (excluding nicotine/caffeine); or • Any relative with possible bipolar disorder.
2	• First-degree relative with possible recurrent unipolar MDD; or • First-degree relative with anxiety disorder (including PTSD and OCD), eating disorder or ADD/ADHD.
0	• None of the above or no family history of psychiatric disorders.
	← Total score (0 – 100). Add the highest number in each section. A score ≥50 indicates a high probability of bipolar disorder.

Source: Aiken CB, Weisler RH, Sachs GS (2015). J Affect Disord;177:59-64.