

NAME of child _____

DATE _____

YOUR NAME and relationship _____

Mood Disorder Questionnaire: Adolescent Version

The following questions may help determine whether an antidepressant medication is appropriate. Circle yes or no, as you go. Your nurse or doctor will help you score the test.

❶ Has there ever been a time for a week or more when your adolescent was not his/her usual self and

... felt too good or excited?	YES	NO
... was so irritable that he/she started fights or arguments with people?	YES	NO
... felt he/she could do anything?	YES	NO
... needed much less sleep?	YES	NO
... couldn't slow his/her mind down or thoughts raced through his/her head?	YES	NO
... was so easily distracted by things?	YES	NO
... had much more energy than usual?	YES	NO
... was much more active or did more things than usual?	YES	NO
... had many boyfriends or girlfriends at the same time?	YES	NO
... was more interested in sex than usual?	YES	NO
... did many things that were foolish or risky?	YES	NO
... spent too much money?	YES	NO
... used more alcohol or drugs?	YES	NO

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

❸ How much of a problem did any of these cause your adolescent—such as school problems, failing grades, problems with family and friends, legal troubles?

NO PROBLEM

MINOR PROBLEM

MODERATE PROBLEM

SERIOUS PROBLEM

Scoring: If you circled at least 5 Yes's in section 1, and section 2 is YES and section 3 reveals at least some problem, then your score indicates an elevated risk of bipolar disorder. That risk is particularly relevant if your child has also had significant depression.

Source: Wagner et al., *Journal of Clinical Psychiatry* 2006, 67(5): 827-30.