NAME of friend or relative	DATE
YOUR NAME and relationship	-

The following questions may help determine which medication is appropriate for your friend or relative. Circle yes or no, as you go.

## • Has there ever been a period of time when you noticed they were not their usual self and... (throughout whole life)

they seemed to feel so good or so hyper that you thought they weren't their normal self, or they were so hyper they got into trouble?		NO
they were so irritable that they shouted at people or started fights or arguments?		NO
they acted much more self-confident than usual?		NO
they got much less sleep than usual and seemed to not really miss it?		NO
they were much more talkative or spoke faster than usual?		NO
they had many ideas at once or their thoughts raced from topic to topic?		NO
they were so easily distracted by things around them that you had trouble following their train of thought?		NO
they seemed to have much more energy than usual?		NO
they were much more active or did many more things than usual?		NO
they were much more social or outgoing than usual; for example, telephoning friends in the middle of the night?		NO
they were much more interested in sex than usual?		NO
they did things that were unusual for them or that you thought were excessive, foolish, or risky?		NO
they spent money to the point that it got them or their family into trouble?	YES	NO
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

• How much of a *problem* did any of these cause—like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

NO PROBLEM MINOR PROBLEM MODERATE PROBLEM SERIOUS PROBLEM