



## Mood Disorder Appraisal Question Sheet - Please print and complete

Name: \_\_\_\_\_

Date: \_\_\_\_\_

[1] **Do you have impulsive tendencies?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[2] **Do you suffer from feelings of being down or depressed?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[3] **Do you have panic attacks or anxiety?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[4] **Do you feel more depressed or down during the winter months?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[5] **Do you feel angry or aggressive?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[6] **Do you have several suicidal thoughts?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[7] **Do you feel nervous when you have to go to public places?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[8] **Do you avoid situations where there will be a large amount of people?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[9] **Do you suffer from headaches?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[10] **Do you have problems with self esteem?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[11] **Do you dwell for an extended period of time over a major personal life event e.g. relationship breakup, financial worries?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[12] **Do you crave high carbohydrate or sugary foods?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[13] **Do you find yourself repeating certain actions constantly e.g. hand washing, checking that the door is locked?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[14] **Are you more sensitive to pain than others (low pain tolerance)?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[15] **Do you feel aggressive when drinking alcohol?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[16] **Do you constantly worry about your body size?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[17] **Do you suffer from frequent constipation?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[18] **Do you crave or actively seek behaviour such as gambling, extreme sports, recreational drug use, frequent excess alcohol use?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[19] **Do you smoke more than one packet of cigarettes a day?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[20] **Do you feel tense, anxious and worried a lot?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[21] **Do you have a negative reaction to or dwell over stressful situations?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[22] **Do you partake in physical activity less than twice per week?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[23] **Do your legs jump when you are asleep?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[24] **Do you have a short attention span and find it difficult to concentrate?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[25] **Have you suffered chronic stress in the past coupled with fatigue?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[26] **Have you previously used large amounts of stimulants?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[27] **Do you put on weight easily and find it difficult to lose weight?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[28] **Do you suffer from stress urinary incontinence?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[29] **Do you suffer from chronic pain?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[30] **Do you find it difficult to remember what happened a long time ago?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[31] **Do you suffer from high blood pressure?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[32] **Do you suffer from frequent, long standing insomnia?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[33] **Do you suffer from frequent cluster headaches or migraines?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[34] **Do you find it difficult to fall asleep at night?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[35] **Do you suffer from hypoglycaemia?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[36] **Do you suffer from hypotension?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[37] **Do you often feel fatigued for no particular reason?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[38] **Do you often have a relatively high tolerance to pain?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[39] **Do you have feelings of anxiety?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[40] **Do you seem to need more sleep than others?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[41] **Do you have difficulty with waking in the morning?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[42] **Do you feel constantly fatigued?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[43] **Do you find it difficult to concentrate?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[44] **Do you have hyperactive tendencies?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[45] **Do you suffer from hallucinations (or see things that are not actually there)?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[46] **Do you find that cuts and sores take a while to heal?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[47] **Do you feel nervous or worry about doing something you haven't done before?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[48] **Do you crave alcohol?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[49] **Have you been diagnosed with epilepsy or suffer seizures?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[50] **Do you experience manic episodes or feelings of mania?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[51] **Do you have panic attacks?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[52] **Do you suffer from insomnia?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[53] **Do you misplace objects frequently?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[54] **Do you have trouble remembering the details of what happened yesterday?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[55] **Do you have low sex drive?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[56] **Do you feel there is significantly high stress in your life?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[57] **Do you have difficulty learning something new?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[58] **Do you feel unmotivated and can't get into what each day has to offer?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[59] **Are your dreams vague and plain?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[60] **Do your muscles constantly feel tight?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[61] **Do you have difficulty rapidly processing new information?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[62] **Have you been diagnosed with dementia or Alzheimer's disease?**

- A: No
- B: Yes

[63] **Do you have poor coordination or balance?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[64] **Are you a light sleeper and wake frequently during the night?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[65] **Do you suffer from long-term constipation?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[66] **Have you developed more digestive symptoms/discomfort as you have aged?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)

[67] **Do you find it difficult to make decisions?**

- A: Never
- B: Occasionally (twice or less a month)
- C: Sometimes (3-5 times a month)
- D: Often (6-15 times a month)
- E: Very Often (Greater than 15 times a month)