

Moods Checklist

First Name: _____

Date: _____

<i>Has there ever been a time when...</i>		
1	All of the pleasure and joy went out of your life.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
2	You found it hard to concentrate.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
3	You felt so good or so hyper that other people thought you were not your normal self, or you got in some kind of trouble.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
4	You had difficulty making decisions.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
5	You felt sad and tearful.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
6	You were so irritable that you shouted at people or got into arguments or fights.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
7	Your sleep was disturbed and you were tired during the day.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
8	You felt much more self-confident than usual.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
9	Your sleep was disturbed and you didn't really miss it.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
10	You lost interest in things that used to be important to you.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
11	You were much more talkative or spoke much faster than usual.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
12	You felt like a failure.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
13	You lost or gained weight without trying to.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
14	Thoughts raced through your head, or you couldn't slow your mind down.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
15	You felt sad, blue, or unhappy.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
16	You were so easily distracted by things around you that you had trouble concentrating or staying on track.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never

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<i>Has there ever been a time when...</i>		
17	You had thoughts about dying, or about harming yourself in some way.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
18	You had much more energy than usual.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
19	You felt guilty or ashamed, or as though you deserved to be punished.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
20	You were much more active or did many more things than usual.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
21	You were much more social and outgoing than usual; for example, you called friends in the middle of the night.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
22	You felt fatigued much of the time.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
23	You were much more interested in sex than usual.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
24	It took great effort to do things you used to do with little effort.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
25	You did things that were unusual for you, or that other people might have thought excessive, foolish, or risky.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
26	You felt agitated and had difficulty sitting still for long.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
27	You felt depressed or down even when good things happened to you.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never
28	Someone close to you mentioned concern about you for any of the above.	<input type="checkbox"/> Recently <input type="checkbox"/> In the past <input type="checkbox"/> Never

Use this space to say more about any item: