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Introduction to Pre-Interview Bipolar Assessment Questionnaire

When conducting an initial assessment of someone who comes to my practice with concerns about bipolar disorder, the assessment can often take several hours. Bipolar disorder is a complex diagnosis and gathering the whole picture is no simple endeavor. The questionnaire that follows includes many of the questions that are typically posed during an initial clinical interview. By completing the questionnaire in advance of your first appointment, you'll be providing essential information which will allow us to focus on the more salient issues needing attention during our first few sessions.

The pre-interview questionnaire is detailed and, depending on the degree of specificity you provide, it may take you upwards of one hour to complete. Take your time to assure you are being thorough and accurate. The more detail you can provide in your explanatory answers, the better. At the same time, you need not feel like every question requires a detailed explanation. Just write whatever is needed to adequately convey your answer.

It is also understandable if you feel hesitant about disclosing so much information in the absence of an already established trusting relationship. Please be assured that your answers will be treated with the utmost respect and confidentiality. The intent here is simply to gather a thorough picture of your presenting concerns, their history and some current lifestyle influences. If there is anything you'd prefer to withhold and wait until we meet before disclosing, that's fine.

Some comments pertaining to mood-related questions: You'll note that many questions refer to "up mood." This is meant to refer to mood intensity or mood volume as opposed to a simple "happy" mood. For many who experience up or elevated mood, the experience isn't just confined to emotion. It includes physical energy, speed of thought, creativity, perceptions of self, productivity, etc. If you think of mood as being like the volume of an amplifier, up mood is the experience where the volume on your mood is turned up and everything is noticeably more intense and louder than usual.

Down mood is synonymous with what we think of as depression - having low energy, feeling blue, withdrawn, pessimistic, shut down, etc. Mild down mood is not that uncommon. When the questionnaire asks if down mood has been "problematic for you," it's inquiring as to whether down mood has been strong enough to interfere with your normal functioning.

Mixed mood is a hybrid kind of mood - negative, unhappy, tense, irritable, dark thoughts and feelings combined with strong energetic intensity. It's not very common but if you've had it, you already know it's usually an uncomfortable experience.

As you write your responses to the questionnaire, please do your best to write legibly. If your answers can't be easily read, they don't provide much benefit.

Last, depending upon your answers, many other questions will be asked during an initial assessment that are not on the questionnaire. Please understand that the questionnaire does not represent the full assessment picture. It will establish a basic foundation of information that will point towards content needing further exploration. Also, if there are questions that are not applicable to your situation, you may skip them or simply write - N/A, which stands for not applicable.

Doing a thorough job with this questionnaire is no small endeavor. Your cooperation in taking the time to complete the questionnaire is very much appreciated.

Russ Federman, Ph.D.

Pre-interview Bipolar Assessment Questionnaire

Name: _____ DOB: _____ Today's Date: _____

I. General Background:

1) Have you previously been diagnosed with bipolar disorder? Yes ____ No ____ . If yes, approximately when did you first receive the diagnosis? _____

2) Describe the mood and behavioral issues that led to the initial diagnosis: _____

3) If you've not previously been diagnosed with bipolar disorder, identify all areas below that correspond with your own concerns about your moods or behaviors:

____ Episodes of up or elevated mood, ____ Episodes of down or depressed mood,

____ Episodes of mixed mood (down irritable mood combined with strong energy and agitation),

____ Mood changes, ____ Rapid mood changes, ____ Unstable sleep patterns,

____ Impulsive behavior with negative outcome, ____ Genetic background of mood instability,

____ Other's are expressing concern about me, ____ My moods are affecting others adversely

____ Other: _____

4) In addition to mood-related issues, do you have any other mental health issues that you are currently being treated for or that you think you may need assistance with? ____ Yes ____ No.

If yes, please check any issues below that are applicable:

____ Anxiety

____ Post trauma

____ History of childhood abuse

____ Obsessional thoughts

____ Compulsive behavior

____ Depression

____ Suicidal thoughts

____ Self-harm

____ Hallucinations and/or delusions

____ Sleep difficulties

____ Issues with food/eating

____ Attention deficit problems

____ Substance use

____ Sexual difficulties

____ Issues with sexual orientation

____ Love relationship problems

____ Interpersonal difficulties

____ Problems with family

Provide relevant details in relation to previous questions 3 and 4:

5) With regard to your current mood, where would you place your current mood state if -10 is the most depressed you've ever been, 0 is an absence of any elevation or depression and +10 is the most elevated you've ever been, _____?

6) If you've had any psychiatric hospitalizations, please enter them below:

Name of Hospital and Its Location	Approximate Month and Year	Duration of Stay

7) Have you had any experiences with very strong mood elevation where you were not hospitalized, but in retrospect you perceive that for your own safety you probably should have been?

_____ Yes _____ No

If yes, please explain _____

8) Have you had any mental health issues that you've been treated for in the past that are no longer part of your current concerns? _____ Yes _____ No.

If yes, please explain: _____

II. Medication:

1) If you are currently taking any psychiatric medications please list them in the table below:

Name of Drug	Dose	When you take it (place an X in cells that apply)				
		As Needed	Morning	Mid-day	Dinnertime	Bedtime

2) If you experience any difficult/uncomfortable side effects from your current medications, please describe:

Physician who is prescribing the above medications:

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail _____

Is she/he a _____ psychiatrist, _____ your primary care provider _____ other: _____

Approximately how long have you been treated treated by him/her? _____

3) If you are being treated for any other medical condition(s), please identify the condition and the current treatment (including medications):

4) Your medication history is as important as your current medications. In the table that follows, identify the medications you've taken, their dates of use, side effects and reasons for discontinuation. If you don't recall the medication name but do know what kind of medicine it was, you can write in the medication class (antidepressant, anxiolytics or anti-anxiety, mood stabilizer, sedative-hypnotic for sleep or antipsychotic.)

Medication Name	Approx. dates of start / stop		Side Effects (if any)	Reason for Discontinuation

Any other comments you want to make about any of the medications you've listed above:

5) Have you ever been treated with an antidepressant and found that it made things worse?

Yes No. If yes, please explain: _____

6) Have you ever been treated with a psychostimulant (usually prescribed for Attention Deficit) and found that it provided no benefit or possibly even made things worse? Yes No.

If yes, please explain: _____

III. History of Mood Difficulties (general issues):

1) Approximately how old were you when stronger than normal mood intensity or mood variability (wider than normal) was first present in your life? _____ Approx. what year: _____

2) If you perceive that your mood issues began during childhood years (prior to teenage years), please describe what they were:

3) If your mood issues began in mid-adolescence or later, select the type of mood issues that were problematic for you during the first year or two of your mood variability (select all that apply).

up moods,

down moods

mixed moods (negative emotions plus strong energy)

other. Please describe: _____

4) Have you ever been told by others that your mood states were bigger or more intense than normal?

Yes No. If you answer yes, at approximately what age did this first occur? _____.

5) Do you still receive similar feedback in the present? Yes No

6) Within the past few years, have you experienced ...

Noticeably intense up mood, Yes No

Noticeably intense down mood Yes, No

Noticeably intense mixed mood (combined negative mood + strong energy) Yes No

IV. Up mood (check list). Please check all that apply to your up or elevated mood states:

Sustained strong happiness or euphoric mood lasting longer than one to two days

Higher than normal physical energy

Difficulty sitting still (needing to move, exercise and discharge physical energy)

Lessened need for sleep (feeling rested after less than usual amount of sleep)

Going for one or more nights without sleep and not feeling fatigued

Intense goal directed activity – being focused upon an activity almost to the exclusion of everything else

Racing thoughts

Rapid speech

Talking louder than usual

Not being able to stop talking until you've said what you need to say

Increased goal-directed behavior

Strong optimism (more than is usual for you)

Unrealistic, grandiose perceptions of your capabilities

Elevated libido (sexual feelings)

Increased sexual behavior with others

Poor judgment related to your sexual behavior

Increased risk taking behaviors

Disorganized and/or scattered thinking

Difficulty maintaining focused attention and concentration

Delusional thinking (distorted thoughts about reality)

Auditory hallucinations (hearing voices or other kinds of sounds that are not real but in the moment you think they are)

Visual hallucinations (seeing things that are not real but in the moment you think they are)

Other: _____

- 1) Please provide a more detailed description of any of the items you checked above that you think would benefit from further explanation:

- 2) On a scale of 0 to 10, with 10 being the most up or elevated you've ever been and 0 being an absence of any elevation, what numeric rating would you give your last mood elevation? _____

- 3) If you're not currently up or elevated, approximately how long ago was your last mood elevation?

- 4) If your last elevation was not a 10, what was the approximate month/year when you would have last rated your mood at a 10? _____

- 5) If you've not already written about this in a previous answer, please describe any negative consequences you've experienced as a result of elevated mood:

- 6) If you do experience "up" mood, what is the average length of time your up moods last? _____

- 7) What is the longest an up mood has lasted for you (may be different than the average length you provided)?

___ briefer than 2 days, ___ 2 to 3 days, ___ 3 to 7 days, ___ 1 to 2 wks, ___ 2 wks to one month,
 ___ Longer than one month

- 8) Sometimes with up mood, people may feel really good for a few days and then their good feeling transitions into a mood state that is mixed (high energy plus irritability) or even more negative. Does this ever happen with you? ___ Yes ___ No

If you answered yes to the preceding question, please describe: _____

9) If you've experienced any other aspects of up mood that are not listed above, please describe:

V. Down/depressed Mood (check list):

- | | |
|--|---|
| <input type="checkbox"/> Depressed down unhappy mood | <input type="checkbox"/> Poor attention and concentration |
| <input type="checkbox"/> Low energy | <input type="checkbox"/> Crying spells |
| <input type="checkbox"/> Low motivation - loss of enthusiasm | <input type="checkbox"/> Staying in bed |
| <input type="checkbox"/> Loss of pleasure from activities that are usually pleasurable for you | <input type="checkbox"/> Sleeping longer than usual for you |
| <input type="checkbox"/> Low libido (lower than normal for you) | <input type="checkbox"/> Strong pessimism |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Low self esteem |
| <input type="checkbox"/> Eating more than usual | <input type="checkbox"/> Strong self-criticism |
| <input type="checkbox"/> Interpersonally withdrawn | <input type="checkbox"/> Suicidal thoughts |
| | <input type="checkbox"/> Suicidal attempts |

Other: _____

1) Please provide a more detailed description or explanation of the items you checked above that you think would benefit from further description (exception – if you checked suicidal thoughts or attempts, don't describe here as there is a separate section on this):

2) On a scale of 0 to 10, with 10 being the most acute depression you've ever had and 0 being an absence of depression, what number would you rate your last depression? _____

3) Approximately when was your last depression (month and year) _____

4) How long did it last? _____

5) What is the typical or average length of time your down moods last? _____

6) What is the longest period of time you have experienced a down mood state? _____

7) When did that longest depression occur? _____

VI. Mixed mood (check list):

- Strong irritability/anger
- Being verbally harsh and critical towards others
- Having very low frustration tolerance - quickly getting irritated if things don't go as you want them to
- Angry feelings expressed through physical violence towards objects (punching walls, breaking things, etc)
- Angry feelings expressed through physical violence towards other people
- Other kinds of emotional outbursts due to the irritability/anger
- Having difficulty sleeping due to the intensity of your mood and energy
- Feeling strongly negative and agitated

Other: _____

1. Please provide a more detailed description or explanation of any items you checked that you think would benefit from further description:

2. Mid-range mood is what we think of as being an absence of elevation or depression. While mid range may not entail "symptoms" as we see in elevated or depressed mood, there may still be aspects of mid range that people with mood disorders describe as uncomfortable. Is this ever true for you? Yes No

Please explain: _____

VII. Sleep:

1. If you've had up moods, what is the average number of hours you sleep when your mood is up? _____
2. If you've had down moods, what is the average number of hours you sleep when your mood is down? _____
3. Do you ever have difficulty falling asleep or staying asleep because of your elevated mood and energy Yes No
4. If you're in an up mood and you get significantly less sleep than usual, do you ever find you're not fatigued the next day? Yes No

- 5. If you're in an up mood, do you ever wake up much earlier than usual and find that you feel energized and wide awake? ____ Yes ____ No
- 6. Have you ever had one or more nights where you have not slept at all because of your elevated energy? ____ Yes ____ No

If you've answered yes to any of questions 3 through 6, please provide further explanation:

- 7. Are your sleep and wake times fairly consistent? ____ Yes ____ No,
- 8. What is your baseline or typical amount of sleep per night when your mood is not up or down? ____ hours
- 9. With regard to your usual lifestyle, what time do you typically go to sleep during the week _____
- 10. What time do you typically awaken during the week _____
- 11. What time do you typically go to sleep on weekends _____
- 12. What time do you typically awaken on weekends _____
- 13. Do you have any other comments about your sleep patterns and their relationship to your mood states:

VIII. Self-Harm and Suicide:

- 1) Throughout your different moods, have you ever engaged in any self-harming behavior (cutting, scratching, hitting self, burning, etc.) that did not reflect any suicidal intent? ____ Yes ____ No

If yes, please describe the behavior including when it occurred: _____

- 2) Have you ever had suicidal thoughts? ____ Yes ____ No

If yes, please describe the nature of those thoughts including when they have occurred:

3) Have you ever acted upon your suicidal thoughts? ____ Yes ____ No

If yes, please describe and include when this occurred and what happened in response to your attempt:

IX. Miscellaneous Mood-related Questions

1) If you think of a pie chart with four sections identified below, approximately what percent would each section have for the last year's time (total should add up to 100). If your mood variability has been present for less than one year, please identify what length of time your percentage distribution is covering:

Up ____%

Down ____%

Mixed ____%

Mid-range ____%

2) With bipolar disorder, sometimes mood states can switch or become activated as a result of situational occurrences (feeling happy because something really great has occurred) while sometimes mood switching can occur without any clearly identifiable cause. With this in mind, answer the following two questions (answer total should equal 100%)

A) Over the last year approximately what percentage of your mood switching has been in response to situational occurrences? _____

B) Over the last year approximately what percentage of your mood switching has occurred without any identifiable cause or trigger? _____

3) How often does your mood intensity or mood switching occur in response to interactions or incidents that occur with other people: ____ Most of the time ____ Sometimes ____ Rarely

4) If you answered the previous question 5 with "most of the time," is it the case that you often have difficulties with personal relationships? ____ Yes ____ No

If you answered you answered “most of the time” for #3 and/or “yes” for #4, please describe in more detail:

5) Do you ever experience rapid cycling mood where your mood switches between up and down two or more times within a week? Yes No

6) Do you ever find that your up, down or mixed moods ever coincide with or are strongly influenced by the different seasons of the year? Yes No

If yes, please explain: _____

XI. Substance Use Issues

Please place an X in the boxes of the non-prescribed substances you have used in the past six months. If the use is continuing through the present please use a double X as in XX

	None	Rarely	Few Times Per Month	Approx. Once Per Week	Few Times Per Week	Daily
Alcohol						
Cannabis						
Hallucinogens						
Cocaine						
Amphetamines						
Narcotics/ Pain Killers						
Cigarettes						

