

Check all of the boxes that apply to you.

- I'm often restless and irritable
- I don't enjoy hobbies, leisure activities or time with friends and family any more
- I'm having trouble managing my diabtese, hypertensioni or other chronic illness
- I have nagging aches and painsthat don't get better, no matter what I do

My sleep patterns are irregular:

- I'm sleeping too much
- I'm not sleeping enough

I often have:

- Digestive problems
- Headaches or backaches
- Vague aches and pains (eg.joint or muscle pain)
- Chest pain
- Dizziness

- I have trouble concentrating or making decisions
- People have commented on my mood lately
- My weight has changed considerably
- I've had several of the symptoms I checked above for more than 2 weeks
- I feel that my functioning in everyday life (work and my interactions with family and friends) is suffering because of these problems
- I have a family history of depression
- I've thought about suicide

*Check **YES** or **NO** after each question.*

1. Has there ever been a time when you were not your usual self and	YES	NO
.... you felt so good or hyper that other people thought you were not your usual self or you were so hyper that you got yourself into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
.... you were so irritable that you ststarted fights or argumnts?	<input type="checkbox"/>	<input type="checkbox"/>
.... you felt much more self confident than ususal?	<input type="checkbox"/>	<input type="checkbox"/>
.... Thoughts raced through your head and you couldn't slow you mind down?	<input type="checkbox"/>	<input type="checkbox"/>
.... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
.... you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
.... you were much more active or did more thanks than usual?	<input type="checkbox"/>	<input type="checkbox"/>
.... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
.... you were much more interested in sex than ususal?	<input type="checkbox"/>	<input type="checkbox"/>
.... you did things that were unusual foryou or other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
.... spending money got you or your family into trouble?	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked YES to more than one of the above, have several of these happened during the <u>same period of time</u>? (Check one answer only)	<input type="checkbox"/>	<input type="checkbox"/>
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3. How much of a problem did any of these cause you - like being unable to work, having family, money, or legal troubles; getting into arguments or fights? (Circle one answer only)

No problem Minor problem Moderate problem Serious problem

4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>
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5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>
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