TRUENORTH PSYCHIATRIC NURSING CORP

863 Bowsprit Road, Ste 174 | Chula Vista, CA 91914
Phone: 619-614-8009 | Email: maja.ceranic.nusn@gmail.com

Bipolar Spectrum Screening Questionnaire

TrueNorth clinical screening aid. This questionnaire is not the Rapid Mood Screener (RMS) or MDQ and is not diagnostic.

Patient Name: _____ Date: _____

MOOD & ENERGY HISTORY

Have there been periods in your life when the following were noticeably different from your usual self?

Question	Yes	No
1. You felt unusually energized, high, excited, or intensely confident.	○	○
2. You were unusually irritable, reactive, or easily angered.	○	○
3. You needed much less sleep than usual and still felt rested or energized.	○	○
4. You talked more or faster than usual, or others had difficulty interrupting you.	○	○
5. Your thoughts raced or jumped rapidly from one idea to another.	○	○
6. You became much more active, productive, social, creative, or goal-directed than usual.	○	○
7. You were unusually distractible because your mind felt overactive.	○	○
8. You became more impulsive or took risks you normally would not take.	○	○
9. You spent significantly more money, gambled, drove recklessly, used substances, or made other risky decisions.	○	○
10. You experienced a noticeable increase in sexual interest or sexual behavior.	○	○
11. Other people noticed a significant change in your mood, energy, behavior, or personality.	○	○
12. These changes caused problems with relationships, work/school, finances, safety, or judgment.	○	○

EPISODE PATTERN

Did several symptoms above occur during the same period? ○ Yes ○ No

Longest period: ○ Hours ○ Several days ○ 1 week or longer ○ Unsure

Emergency care or hospitalization during an unusually elevated/energized/irritable state? ○ Yes ○ No

DEPRESSION & MEDICATION RESPONSE

History of significant depression or loss of interest? ○ Yes ○ No

Have antidepressants caused increased energy, less need for sleep, agitation, impulsivity, or feeling unusually high? ○ Yes ○ No

FAMILY HISTORY & PROVIDER REVIEW

Family history of bipolar disorder or mania/hypomania? ○ Yes ○ No ○ Unknown

Provider Notes:

Clinical follow-up indicated: ○ Yes ○ No Provider Initials: _____

Screening results should be interpreted with a clinical interview, including episode duration, impairment, substances/medications, and differential diagnosis.