



PSYCHIATRIC RATING SCALES

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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Generalized Anxiety Disorder Screener (GAD-7)

Over the <i>last 2 weeks</i> , how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritated	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
	Add columns			
	Total Score			
8. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

When did the symptoms begin? _____

Generalized Anxiety Disorder Screener (GAD-7)

Scoring and Interpretation:

GAD-2 Score*	Provisional Diagnosis
0-2	None
3-6	Probable anxiety disorder
GAD-7 Score	Provisional Diagnosis
0-7	None
8+	Probable anxiety disorder

*GAD-2 is the first 2 questions of the GAD-7

References:

- Spitzer RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine. May 22 2006;166(10):1092-1097. PMID: 16717171
- Kroenke K, Spitzer RL, Williams JB, Monahan PO, Lowe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Annals of internal medicine. Mar 6 2007;146(5):317-325. PMID: 17339617
- Lowe B, Decker O, Muller S, et al. Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. Medical care. Mar 2008;46(3):266-274. PMID: 18388841

NAME: _____
 PATIENT ID#: _____

DATE: _____
 MD: _____

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Please enter the score for the term which best describes the patient's condition.

0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

<p>1. SOMATIC CONCERN Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>10. HOSTILITY Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. <i>(Rate attitude toward interviewer under "uncooperativeness")</i>.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>2. ANXIETY Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>11. SUSPICIOUSNESS Brief (<i>delusional or otherwise</i>) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>3. EMOTIONAL WITHDRAWAL Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>12. HALLUCINATORY BEHAVIOR Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>4. CONCEPTUAL DISORGANIZATION Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>13. MOTOR RETARDATION Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>5. GUILT FEELINGS Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>14. UNCOOPERATIVENESS Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>6. TENSION Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>15. UNUSUAL THOUGHT CONTENT Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>7. MANNERISMS AND POSTURING Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>16. BLUNTED AFFECT Reduced emotional tone, apparent lack of normal feeling or involvement.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>8. GRANDIOSITY Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>17. EXCITEMENT Heightened emotional tone, agitation, increased reactivity.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>
<p>9. DEPRESSIVE MOOD Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>	<p>18. DISORIENTATION Confusion or lack of proper association for person, place or time.</p> <p style="text-align: right;">SCORE <input style="width: 40px; height: 20px;" type="text"/></p>

Child's name:	Date:
Child's age:	
Relationship to Child:	

**GENERAL BEHAVIOR INVENTORY
Parent Version (P-GBI) Short Form – H/B (Revised Version, 2008)**

Here are some questions about behaviors that occur in the general population. Think about how often they occur for your child. Using the scale below, select the number that best describes how often your child experienced these behaviors **over the past year**:

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly

Keep the following points in mind:

Frequency: you may have noticed a behavior as far back as childhood or early teens, or you may have noticed it more recently. In either case, estimate how frequently the behavior has occurred **over the past year**.

For example: if you noticed a behavior when your child was 5, and you have noticed it over the past year, mark your answer “**often**” or “**very often - almost constantly**”. However, if your child has experienced a behavior during only one isolated period in his/her life, but not outside that period, mark your answer “**never - hardly ever**” or “**sometimes**”.

Duration: many questions require that a behavior occur for an approximate duration of time (for example, “several days or more”). The duration given is a **minimum** duration. If your child usually experiences a behavior for shorter durations, mark the question “**never - hardly ever**” or “**sometimes**”.

Changeability: what matters is not whether your child can get rid of certain behaviors if he/she has them, but whether these behaviors have occurred at all. So even if your child can get rid of these behaviors, you should mark your answer according to how frequently he/she experiences them.

Your job, then, is to rate how frequently your child has experienced a behavior, over the past year, for the duration described in the question. Please read each question carefully, and record your answer next to each question by placing an “X” in the appropriate box.

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often, Almost Constantly

0 1 2 3

1. Has your child experienced periods of several days or more when, although he/she was feeling unusually happy and intensely energetic (clearly more than your child's usual self), he/she was also physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?

2. Have there been periods of several days or more when your child's friends or other family members told you that your child seemed unusually happy or high – clearly different from his/her usual self or from a typical good mood?

3. Has your child's mood or energy shifted rapidly back and forth from happy to sad or high to low?

4. Has your child had periods of extreme happiness and intense energy lasting several days or more when he/she also felt much more anxious or tense (jittery, nervous, uptight) than usual (*other than related to the menstrual cycle*)?

5. Have there been times of several days or more when, although your child was feeling unusually happy and intensely energetic (clearly more than his/her usual self), he/she also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?

6. Has your child had periods of extreme happiness and intense energy (clearly more than his/her usual self) when, for several days or more, it took him/her over an hour to get to sleep at night?

7. Have you found that your child's feelings or energy are generally up or down, but rarely in the middle?

8. Has your child had periods lasting several days or more when he/she felt depressed or irritable, and then other periods of several days or more when he/she felt extremely high, elated, and overflowing with energy?

9. Have there been periods when, although your child was feeling unusually happy and intensely energetic, almost everything got on his/her nerves and made him/her irritable or angry (*other than related to the menstrual cycle*)?

10. Has your child had times when his/her thoughts and ideas came so fast that he/she couldn't get them all out, or they came so quickly others complained that they couldn't keep up with your child's ideas?

_____ Total Score

Interpretation Guide:

0 Minimal*; 1-4 Mild; 5-14 Neutral Risk; 15-17 High; 18+ Very High** risk

***Minimal** scores decrease likelihood of diagnosis by approximately 100 (LR = .01);

Low scores by ~6 (LR = .16); **Neutral** does not change risk; **High** nearly triples risk (LR = 2.67)

****Very High** scores increase likelihood of diagnosis by approximately 7 (LR = 7.25)

The likelihood of bipolar diagnosis is dependent on base rate of disorder in assessment setting. Please see Youngstrom, Frazier, Demeter, Calabrese, and Findling (2008) *Journal of Clinical Psychiatry* for additional information. Special thanks to Mark Cooperberg, Ph.D.

GENERAL BEHAVIOR INVENTORY
Self-Report Version

Here are some questions about behaviors that occur in the general population. Think about how often they occur for you. Using the scale below, select the number that best describes how often you experienced these behaviors **over the past year**:

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly

Keep the following points in mind:

Frequency: you may have noticed a behavior as far back as childhood or early teens, or you may have noticed it more recently. In either case, estimate how frequently the behavior has occurred **over the past year**.

For example: if you noticed a behavior when you were 14, and you have noticed it over the last year, mark your answer “**often**” or “**very often - almost constantly**”. However, if you have experienced a behavior during only one isolated period in your life, but not outside that period, mark your answer “**never - hardly ever**” or “**sometimes**”.

Duration: many questions require that a behavior occur for an approximate duration of time (for example, “several days or more”). The duration given is a **minimum** duration. If you usually experience a behavior for shorter durations, mark the question “**never - hardly ever**” or “**sometimes**”.

Changeability: what matters is not whether you can get rid of certain behaviors if you have them, but whether these behaviors have occurred at all. So even if you can get rid of these behaviors, you should mark your answer according to how frequently you experienced them over the last year.

Your job, then, is to rate how frequently you have experienced a behavior, over the past year, for the duration described in the question. Please read each question carefully, and record your answer next to each question.

	0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly	
0 1 2 3					1. Have there been periods, over the last year, when it was almost impossible to make small decisions even though this may not be generally true of you?
0 1 2 3					2. Have you found your enjoyment in being with people changes -- from times when you enjoy them immensely and want to be with them all the time, to times when you do not want to see them at all?
0 1 2 3					3. Have you become sad, depressed, or irritable for several days or more without really understanding why?
0 1 2 3					4. Have you experienced periods of several days or more when, although you were feeling unusually happy and intensely energetic (clearly more than your usual self), you were also physically restless, unable to sit still, and have to keep moving or jumping from one activity to another?
0 1 2 3					5. Have there been periods of several days or more when you felt that you needed more sleep, even though you slept longer at night or napped more during the day (not including times of exercise, physical illness, or heavy work schedules)?
0 1 2 3					6. Have people said that you looked sad or lonely?
0 1 2 3					7. Have there been periods of several days or more when you were almost constantly active such that others told you they couldn't keep up with you or that you wore them out?
0 1 2 3					8. Have there been periods of several days or more when you could not keep your attention on any one thing for more than a few seconds, and your mind jumped rapidly from one thought to another or to things around you?
0 1 2 3					9. Have there been periods lasting several days or more when you lost almost all interest in people close to you and spent long times by yourself?
0 1 2 3					10. Have you had periods of several days or more when food seemed rather flavorless and you didn't enjoy eating at all?
0 1 2 3					11. Have there been periods of several days or more when your friends or other family members told you that you seemed unusually happy or high -- clearly different from your usual self or from a typical good mood?
0 1 2 3					12. Have there been times when your memory or concentration seemed especially poor and you found it difficult, for example, to read or follow a TV program, even though you tried?
0 1 2 3					13. Have there been times when you lost almost all interest in the things that you usually like to do (such as hobbies, school, work, entertainment)?

	0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly	
0 1 2 3	14.	Have you had periods of sadness and depression when almost everything gets on your nerves and makes you irritable or angry (other than related to the menstrual cycle)?			
0 1 2 3	15.	Have there been times of several days or more when you did not feel the need for sleep and were able to stay awake and alert for much longer than usual because you were full of energy?			
0 1 2 3	16.	Have you had long periods in which you felt that you couldn't enjoy life as easily as other people?			
0 1 2 3	17.	Have you had periods of several days or more when you wanted to be with people so much of the time that they asked you to leave them alone for a while?			
0 1 2 3	18.	Have there been times of several days or more when you were so tired and worn out that it was very difficult or even impossible to do your normal everyday activities (not including times of intense exercise, physical illness, or heavy work schedules)?			
0 1 2 3	19.	Has your mood or energy shifted rapidly back and forth from happy to sad or high to low?			
0 1 2 3	20.	Have there been periods lasting several days or more when you spent much of your time brooding about unpleasant things that have happened?			
0 1 2 3	21.	Have there been times when you felt that you were physically cut off from other people or from yourself, or felt as if you were in a dream, or felt that the world looked different or had changed in some way?			
0 1 2 3	22.	Have you had periods of extreme happiness and intense energy lasting several days or more when you also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?			
0 1 2 3	23.	Have there been times of several days or more when you were so sad that it was quite painful for you, or you felt that you couldn't stand it?			
0 1 2 3	24.	Have you found that your enjoyment in eating changes – from periods of two or more days when food tastes exceptionally good, clearly better than usual, to other periods of several days or more when food seems rather flavorless and perhaps you don't enjoy eating at all?			
0 1 2 3	25.	Have there been times of several days or more when you wake up much too early in the morning and have problems getting back to sleep?			
0 1 2 3	26.	Have you had periods when you were so down that you found it hard to start talking or that talking took too much energy?			

	0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly	
0 1 2 3	27.	Have there been times of several days or more when, although you were feeling unusually happy and intensely energetic (clearly more than your usual self), you also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?			
0 1 2 3	28.	Have there been periods <i>other than when you were physically ill</i> that you had more than one of the following: (a) headaches or feelings of tightness, pressure, or “wooziness” in your head;(b) dizziness; (c) constipation or diarrhea; (d) aches and pains; (e) nausea, vomiting, or stomach aches; (f) blurred vision; (g) trembling or shaking hands; or (h) feeling too hot or too cold?			
0 1 2 3	29.	Have you experienced periods of several days or more when were feeling down and depressed, and you also were physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?			
0 1 2 3	30.	Have there been times lasting several days or more when you felt you must have lots of excitement, and you actually did a lot of new or different things?			
0 1 2 3	31.	Have you had periods of extreme happiness and intense energy (clearly more than your usual self) when, for several days or more, it took you over an hour to get to sleep at night?			
0 1 2 3	32.	Over the past year, have there been times when you looked back over your life and could see only failures or hardships?			
0 1 2 3	33.	Have you experienced times of several days or more when you felt as if you were moving in slow motion?			
0 1 2 3	34.	Have there been long periods over the last year when you felt sad, depressed, or irritable most of the time?			
0 1 2 3	35.	Has it seemed that you experience both pleasurable and painful emotions more intensely than other people?			
0 1 2 3	36.	Have there been periods of several days or more when you felt guilty and thought you deserved to be punished for something you had or had not done?			
0 1 2 3	37.	Have you had times of several days or more when you woke up frequently or had trouble staying asleep during the middle of the night?			
0 1 2 3	38.	Have you had periods of extreme happiness and high energy lasting several days or more when what you saw, heard, smelled, tasted, or touched seemed vivid or intense?			

0				1	2	3
Never or Hardly ever				Sometimes	Often	Very Often Almost Constantly
0	1	2	3	39.	Have there been times when you were feeling low and depressed, and you also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?	
0	1	2	3	40.	Have you found that your feelings or energy are generally up or down, but rarely in the middle?	
0	1	2	3	41.	Have you had periods of several days or more when it was difficult or almost impossible to think and your mind felt sluggish, stagnant, or “dead”?	
0	1	2	3	42.	Have there been times when you had a strong urge to do something mischievous, destructive, risky, or shocking?	
0	1	2	3	43.	Have there been periods of several days or more when your thinking was so clear and quick that it was much better than most other people’s?	
0	1	2	3	44.	Have there been times when you exploded at others and afterwards felt bad about yourself?	
0	1	2	3	45.	Over the past year, have there been times of several days or more when you were so down that nothing (not even friends or good news) could cheer you up?	
0	1	2	3	46.	Have there been times of several days or more when you felt that you were a very important person or that your abilities or talents were better than most other people’s?	
0	1	2	3	47.	Have there been times when you hated yourself or felt that you were stupid, ugly, unlovable, or useless?	
0	1	2	3	48.	Have you found that your thinking changes greatly – that there are periods of several days or more when you think better than most people, and other periods when your mind doesn’t work well at all?	
0	1	2	3	49.	Have there been times of a day or more when you had no feelings or emotions and seemed cut off from other people?	
0	1	2	3	50.	Have you had sad and depressed periods lasting several days or more when you also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?	
0	1	2	3	51.	Have there been times when you have done things – like perhaps driving recklessly, taking a trip on the spur of the moment, creating a public disturbance, being more sexually active than usual, getting into fights, destroying property, or getting into trouble with the law – which you later thought showed poor judgment?	

				0	1	2	3		
				Never or Hardly ever	Sometimes	Often	Very Often	Almost Constantly	
0	1	2	3	52.	Have you had periods of sadness and depression when, for several days or more, it took you over an hour to get to sleep at night, even though you were very tired?				
0	1	2	3	53.	Have you had periods lasting several days or more when you felt depressed or irritable, and then other periods of several days or more when you felt extremely high, elated, and overflowing with energy?				
0	1	2	3	54.	Have there been periods when, although you were feeling unusually happy and intensely energetic, almost everything got on your nerves and made you irritable or angry (other than related to the menstrual cycle?)				
0	1	2	3	55.	Have there been times when upsetting or bad thoughts kept going through your mind and you couldn't stop them?				
0	1	2	3	56.	Have there been times of several days or more when you really got down on yourself and felt worthless?				
0	1	2	3	57.	Have there been times when you had blank spells in which your activities were interrupted, and you did not know what was going on around you?				
0	1	2	3	58.	Have you had sad and depressed periods of several days or more, interrupted by periods lasting between an hour to a day when you felt extremely happy and intensely energetic?				
0	1	2	3	59.	Have there been periods of several days or more when you were slowed down and couldn't move as quickly as usual?				
0	1	2	3	60.	Have you experienced weight changes (increases, decreases, or both) of five (5) pounds or more in short periods of time (three weeks or less), not including changes due to physical illness, menstruation, exercise, or dieting?				
0	1	2	3	61.	Have there been periods of a couple days or more when your sexual feelings and thoughts were almost constant, and you couldn't think about anything else?				
0	1	2	3	62.	Have you had periods when it seemed that the future was hopeless and things could not improve?				
0	1	2	3	63.	Have there been periods lasting several days or more when you were so down in the dumps that you thought you might never snap out of it?				
0	1	2	3	64.	Have you had times when your thoughts and ideas came so fast that you couldn't get them all out, or they came so quickly others complained that they couldn't keep up with your ideas?				

				0	1	2	3
				Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly
0	1	2	3	65.	Have there been times of several days or more when you felt very down and depressed during the early part of the day, but then less so during the evening?		
0	1	2	3	66.	Have there been times when you began many new activities with lots of enthusiasm and then found yourself quickly losing interest in them?		
0	1	2	3	67.	Have you found that your mood consistently follows the seasons, where you have long periods of depression during the winter but mostly happy periods during the summer?		
0	1	2	3	68.	Have you had long periods when you were down and depressed, interrupted by brief periods when your mood was normal or slightly happy?		
0	1	2	3	69.	Have there been times of several days or more when you have struggled to control an urge to cry, have had frequent crying spells, or found yourself crying without really understanding why (other than related to the menstrual cycle)?		
0	1	2	3	70.	Have there been times of several days or more when almost all sexual interest was lost?		
0	1	2	3	71.	Have you found yourself at times feeling fearful or suspicious of your environment or people around you?		
0	1	2	3	72.	Have there been periods of time when you felt a persistent sense of gloom?		
0	1	2	3	73.	Have there been times when you felt that you would be better off dead?		

	0 Never or Hardly ever	1 Sometimes	2 Often	3 Very Often Almost Constantly
1 2	74.*	Have you had (or do you still have) a life-threatening or very serious chronic medical illness (including a physical handicap) in the past year?		
		1) Yes 2) No		
1 2	75.*	Have you had any hormonal or endocrine problems, or taken hormones as a treatment, any time in the last five (5) years (not including birth control pills)?		
		1) Yes 2) No		
1 2	76.*	Has a close relative of yours died or experienced a life-threatening illness in the past three months?		
		1) Yes 2) No		

* Not included in GBI scale scores.

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.

Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family in trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

How to Use

The questionnaire takes less than 5 minutes to complete. Patients simply check the yes or no boxes in response to the questions. The last question pertains to the patient's level of functional impairment. The physician, nurse, or medical staff assistant then scores the completed questionnaire.

How to Score

Further medical assessment for bipolar disorder is clearly warranted if patient:

- Answers *Yes* to 7 or more of the events in question #1

AND

- Answers *Yes* to question #2

AND

- Answers *Moderate problem* or *Serious problem* to question #3

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All 0	Mildly but it didn't bother me much. 1	Moderately - it wasn't pleasant at times 2	Severely – it bothered me a lot 3
Numbness or tingling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wobbliness in legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of worst happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizzy or lightheaded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart pounding/racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsteady	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Terrified or afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaky / unsteady	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faint / lightheaded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face flushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot/cold sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score.

Write grand score here _____ .

Clear

Save / Print to PDF

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10.
 - 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

11.
0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12.
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13.
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14.
0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.
15.
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16.
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.
0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18.
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19.
0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

- 20.
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score _____ Levels of Depression

1-10 _____	These ups and downs are considered normal
11-16 _____	Mild mood disturbance
17-20 _____	Borderline clinical depression
21-30 _____	Moderate depression
31-40 _____	Severe depression
over 40 _____	Extreme depression

http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck_Depression_Inventory.pdf

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P A T I E N T E D U C A T I O N T O O L S

Young Mania Rating Scale (YMRS)

OVERVIEW

The Young Mania Rating Scale (YMRS) is one of the most frequently utilized rating scales to assess manic symptoms. The scale has 11 items and is based on the patient's subjective report of his or her clinical condition over the previous 48 hours. Additional information is based upon clinical observations made during the course of the clinical interview. The items are selected based upon published descriptions of the core symptoms of mania. The YMRS follows the style of the Hamilton Rating Scale for Depression (HAM-D) with each item given a severity rating. There are four items that are graded on a 0 to 8 scale (irritability, speech, thought content, and disruptive/aggressive behavior), while the remaining seven items are graded on a 0 to 4 scale. These four items are given twice the weight of the others to compensate for poor cooperation from severely ill patients. There are well described anchor points for each grade of severity. The authors encourage the use of whole or half point ratings once experience with the scale is acquired. Typical YMRS baseline scores can vary a lot. They depend on the patients' clinical features such as mania (YMRS = 12), depression (YMRS = 3), or euthymia (YMRS = 2). Sometimes a clinical study entry requirement of $YMRS \geq 20$ generates a mean YMRS baseline of about 30. Strengths of the YMRS include its brevity, widely accepted use, and ease of administration. The usefulness of the scale is limited in populations with diagnoses other than mania.

The YMRS is a rating scale used to evaluate manic symptoms at baseline and over time in individuals with mania.

The scale is generally done by a clinician or other trained rater with expertise with manic patients and takes 15–30 minutes to complete.

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Young Mania Rating Scale (YMRS)

GUIDE FOR SCORING ITEMS:

The purpose of each item is to rate the severity of that abnormality in the patient. When several keys are given for a particular grade of severity, the presence of only one is required to qualify for that rating.

The keys provided are guides. One can ignore the keys if that is necessary to indicate severity, although this should be the exception rather than the rule.

Scoring between the points given (whole or half points) is possible and encouraged after experience with the scale is acquired. This is particularly useful when severity of a particular item in a patient does not follow the progression indicated by the keys.

1. Elevated Mood

- 0 Absent
- 1 Mildly or possibly increased on questioning
- 2 Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content
- 3 Elevated; inappropriate to content; humorous
- 4 Euphoric; inappropriate laughter; singing

2. Increased Motor Activity-Energy

- 0 Absent
- 1 Subjectively increased
- 2 Animated; gestures increased
- 3 Excessive energy; hyperactive at times; restless (can be calmed)
- 4 Motor excitement; continuous hyperactivity (cannot be calmed)

3. Sexual Interest

- 0 Normal; not increased
- 1 Mildly or possibly increased
- 2 Definite subjective increase on questioning
- 3 Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report
- 4 Overt sexual acts (toward patients, staff, or interviewer)

4. Sleep

- 0 Reports no decrease in sleep
- 1 Sleeping less than normal amount by up to one hour
- 2 Sleeping less than normal by more than one hour
- 3 Reports decreased need for sleep
- 4 Denies need for sleep

5. Irritability

- 0 Absent
- 2 Subjectively increased
- 4 Irritable at times during interview; recent episodes of anger or annoyance on ward
- 6 Frequently irritable during interview; short, curt throughout
- 8 Hostile, uncooperative; interview impossible



Young Mania Rating Scale (YMRS)

6. Speech (Rate and Amount)

- 0 No increase
- 2 Feels talkative
- 4 Increased rate or amount at times, verbose at times
- 6 Push; consistently increased rate and amount; difficult to interrupt
- 8 Pressured; uninterruptible, continuous speech

7. Language-Thought Disorder

- 0 Absent
- 1 Circumstantial; mild distractibility; quick thoughts
- 2 Distractible, loses goal of thought; changes topics frequently; racing thoughts
- 3 Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia
- 4 Incoherent; communication impossible

8. Content

- 0 Normal
- 2 Questionable plans, new interests
- 4 Special project(s); hyper-religious
- 6 Grandiose or paranoid ideas; ideas of reference
- 8 Delusions; hallucinations

9. Disruptive-Aggressive Behavior

- 0 Absent, cooperative
- 2 Sarcastic; loud at times, guarded
- 4 Demanding; threats on ward
- 6 Threatens interviewer; shouting; interview difficult
- 8 Assaultive; destructive; interview impossible

10. Appearance

- 0 Appropriate dress and grooming
- 1 Minimally unkempt
- 2 Poorly groomed; moderately disheveled; overdressed
- 3 Disheveled; partly clothed; garish make-up
- 4 Completely unkempt; decorated; bizarre garb

11. Insight

- 0 Present; admits illness; agrees with need for treatment
- 1 Possibly ill
- 2 Admits behavior change, but denies illness
- 3 Admits possible change in behavior, but denies illness
- 4 Denies any behavior change

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