SCREENING TOOLS

Comprehensive Anxiety and Mood Survey

Please complete each section (there are four, A-D) as instructed

A. Please circle one of the four answers that comes closest to how you have felt in the past 7 days, not just how you feel today.

I have been able to laugh and see the funny side of things
O As much as I always could
O Not quite as much now
O Definitely not so much now
O Not at all

Things have been getting on top of me
O Yes, most of the time I haven't been able to cope at all
O Yes, sometimes I haven't been coping as well as usual
O No, most of the time I have coped quite well
O No, I have been coping as well as ever

I have looked forward with enjoyment to things
O As much as I ever did
O Not quite as much now
O Definitely less than I used to
O Not at all

I have been so unhappy that I can't sleep
O Yes, most of the time
O Sometimes
O Not very often
O Not at all

I have blamed myself when things go wrong
O Yes, most of the time
O Sometimes
O Not very often
O Not at all

I have felt sad or miserable
O Yes, most of the time
O Sometimes
O Not very often
O Not at all

I have been anxious or worried for no good reason
O Not at all
O Hardly ever
O Sometimes
O Yes, very often

I have been so unhappy that I have been crying
O Yes, most of the time
O Sometimes
O Only occasionally
O No, never

I have felt scared or panicky for no good reason
O Yes, quite a lot
O Yes, sometimes
O No, not much
O Not at all

The thought of harming myself has occurred to me
O Yes, quite often
O Sometimes
O Hardly ever
O Never

B. Keep going…. Please check the answer that is right for you. Has there ever been a period of time in your life when you were not your usual self and…

you felt so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	O Yes	O No
you were so irritable that you shouted at people or started fights or arguments?	O Yes	O No
you felt much more self-confident than usual?	O Yes	O No
you got much less sleep than usual and found you didn't really miss it?	O Yes	O No
you were much more talkative or spoke faster than usual?	O Yes	O No
thoughts raced through your head or you couldn't slow your mind down?	O Yes	O No
you were so easily distracted by things around you that you had trouble concentrating or staying on track?	O Yes	O No
you had much more energy than usual?	O Yes	O No
you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	O Yes	O No
you were much more interested in sex than usual?	O Yes	O No
you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	O Yes	O No
spending money got you or your family in trouble?	O Yes	O No

If you checked YES to more than one of the questions above

2. Have several of these ever happened during the same period of time?	O Yes	O No
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?		
O No problem O Minor problem O Moderate problem O Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	O Yes	O No
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	O Yes	O No

MDQ: HIRSCHFELD. R., ET AL. DEVELOPMENT AND VALIDATION OF A SCREENING INSTRUMENT FOR BIPOLAR SPECTRUM DISORDER: THE MOOD DISORDER QUESTIONNAIRE. AM J PSYCHIATRY 2000: 157: 1873-1875

C. Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge?	O Not at all	O Rarely	O Sometimes	O Often
Not being able to stop or control worrying	O Not at all	O Rarely	O Sometimes	O Often
Worrying too much about different things	O Not at all	O Rarely	O Sometimes	O Often
Trouble relaxing	O Not at all	O Rarely	O Sometimes	O Often
Being so restless that it is hard to sit still	O Not at all	O Rarely	O Sometimes	O Often
Becoming easily annoyed or irritable	O Not at all	O Rarely	O Sometimes	O Often
Feeling afraid as if something awful might happen	O Not at all	O Rarely	O Sometimes	O Often

GAD-7 SPITZER. RL. ET AL. A BRIEF MEASURE FOR ASSESSING GENERALIZED ANXIETY DISORDER. ARCH INT MED. 2006: 166(10):1092-1097

D. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

a serious accident or fire
a physical or sexual assault or abuse
an earthquake or flood
a war
seeing someone be killed or seriously injured
having a loved one die through homicide or suicide.

Have you ever experienced this kind of event? O YES ONO
If NO, screen total = 0. Please stop here.
If YES, please continue with the following questions

IN THE PAST MONTH:

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?	O Yes	O No
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	O Yes	O No
3. Been constantly on guard, watchful, or easily startled?	O Yes	O No
4. Felt numb or detached from people, activities, or your surroundings?	O Yes	O No
5. Felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused?	O Yes	O No

Done! Thank you for completing this questionnaire.
Please hand it to medical staff.