

AFFECTIVE DISORDERS EVALUATION (ADE)

Name _____ I.D. _____ Date ___ / ___ / ___
 D.O.B. ___ / ___ / _____ Age ___ Marital status / domestic partner _____ Referred by: _____

History of present illness:

Current Medications

Indicate medications, daily doses (in mg), and how long patient has been taking each medication (in months).

(01) Lithium _____ mg _____ mo (05) _____ mg _____ mo (09) _____ mg _____ mo
 (02) Valproate _____ mg _____ mo (06) _____ mg _____ mo (10) _____ mg _____ mo
 (03) _____ mg _____ mo (07) _____ mg _____ mo (11) _____ mg _____ mo
 (04) _____ mg _____ mo (08) _____ mg _____ mo (12) _____ mg _____ mo

Over the past two (2) weeks, how many days have you been/had...

	Last 2 weeks # of days	Severity (Rate 0-4)	~ % days past year...
... depressed most of the day	(13) _____	(14) _____	(15) ~ _____ %
... less interest in most activities or found couldn't enjoy even pleasurable activities most of the day	(16) _____	(17) _____	(18) ~ _____ %
... any abnormal mood elevation	(19) _____	(20) _____	(21) ~ _____ %
... any abnormal irritability	(22) _____	(23) _____	(24) ~ _____ %
... any abnormal anxiety	(25) _____	(26) _____	(27) ~ _____ %

Other *Current* (past week) Symptoms (0-4)

(28) _____ PI
 (29) _____ IOR
 (30) _____ LOA
 (31) _____ Hallucinations
 (32) _____ Delusions
 (33) _____ Binge/Purge
 (34) _____ Panic Attacks
 (35) _____ OCD
 (36) _____ Social Phobia
 (37) _____ Gen Anx

Rate Associated Symptoms for the PAST WEEK

MDE: Requires at least 5 moderate symptoms (including depressed mood and/or interest).

MORE +2 ---- 0 ---- -2 LESS
0 = usual/none

Depressed mood	Sleep	Interest	Guilt / SE	Energy	Conc / Distr	Appetite	PMR / PMA	SI
(38) _____	(39) _____	(41) _____	(42) _____ or _____ (43) _____	(44) _____	(45) _____ or _____ (46) _____	(47) _____	(48) _____ or _____ (49) _____	(50) _____
(40) Sleeps ___ - ___ hours <input type="checkbox"/> EBT <input type="checkbox"/> DFA <input type="checkbox"/> MCA <input type="checkbox"/> EMA <input type="checkbox"/> DGOOB <input type="checkbox"/> Naps <input type="checkbox"/> Anhedonia (51) <input type="checkbox"/> LNWL <input type="checkbox"/> Passive <input type="checkbox"/> Active								

Elevation: Mania/hypomania requires at least 3 moderate symptoms, unless only irritable, then at least 4 moderate symptoms are required. (Do not count elevation or irritability in symptom count.)

Self Esteem	Need for sleep	Talking	FOI / Racing thoughts	Distractible	Goal directed activity / PMA	High Risk Behavior
(52) _____	(53) _____	(54) _____	(55) _____	(56) _____	(57) _____ or _____ (58) _____	(59) _____

(60) Symptoms of **current episode began:** ___ / ___ / ___ N/A if Current Status = *Recovered*

(61) Immediately **prior to current mood state, mood was:**
 euthymic depressed elevated mixed _____

Prior to onset of current episode...
 (62) Well for _____ Months **OR** (63) Time since last episode: _____ Months

(64) In past 2 years, what is the longest period your mood has been consistently normal?
 _____ days _____ weeks _____ months

(65) **Dysthymia: Depressed more days than not for > 2 years** (circle one) Y N

(66) **Cyclothymia: Many ups and downs for > 2 years** (circle one) Y N

(67) Current Clinical Status

(check one)

DSM (+)

Depression
 Hypomania
 Mania
 Mixed

DSM (-)

Continued Sxs
 Recovering
 Recovered
 Roughening

If new episode, estimate onset date:

___ / ___ / _____

ABNORMAL MOOD ELEVATION (LIFETIME)

Have you ever had a time...

	No	Probable	Yes		
...when you were feeling so good or so hyper that other people thought you were not your normal self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that? ___/___/___	Age: ___
...or you were so hyper you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that? ___/___/___	Age: ___
...did anyone say you were manic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that? ___/___/___	Age: ___
...when you felt like you could do much more than ordinarily capable of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that? ___/___/___	Age: ___
...when you were so irritable that you shouted at people or started fights or arguments? Did you find yourself yelling at people you didn't really know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that? ___/___/___	Age: ___

For the most severe episode identified above, determine:

During that time, were there **any times** when your mood was: euphoric expansive irritable dysphoric
 (Was it really too _____, or just better than the times you felt down?)

Were you admitted to the hospital during this time? hospitalized not hospitalized

Altogether, how long did this period last? ___ hours ___ days ___ weeks ___ months

Symptoms present to a significant degree during most severe episode identified above

During that time...	(Much less) -2—0—+2 (Much more)
...were you feeling more self-confident than usual or like you were special, more talented, more attractive, or smarter than usual? Were there any times when your thoughts were grandiose?	Self-esteem _____
...were there nights you got less sleep than usual and found you didn't really miss it?	Need for sleep _____
...were there any times you were more talkative than usual, or you found you said much more than you intended? Were there any times you spoke faster than usual?	Talking _____
...did you find that you had more ideas than usual? Were there times when your thoughts seemed to be racing through your head?	FOI/Racing _____
...did you find you were easily distracted?	Distractable _____
...did you experience difficulties due to making new plans or getting new projects started? Were you so active that people worried about you taking on so much? Were there times when you were so energized or agitated you couldn't sit still?	Goal-directed activity/PMA _____/_____
...did you do anything that was unusual for you or that other people might think was excessive, foolish or risky? Did you do anything that would have caused a problem if you were caught?	High-risk behavior _____

Other features of past episodes of mood elevation (“+” indicates symptom present to a significant degree in any week, “-” indicates absent.)

___ ↑ Risky pleasure: _____	___ Extraordinary accomplishment	Organic factors:
___ Sudden onset	___ Easily annoyed	___ ↓ Appetite
___ ↑ Libido	___ PI	___ Delusions
___ ↓ Energy	___ ↑ Energy	___ ↑ Spending
___ Hallucinations: _____	___ Alcohol abuse	___ Substance abuse
___ Onset <12 wks after ↑ antidepressant	___ Other: _____	

Associated stressor: _____

During worst week of episode: Rate: 0 = none, 1 = mild, 2 = moderate, 3 = severe

___ Marital discord ___ Occupational dysfunction ___ Social dysfunction ___ Violence ___ Legal problems

(68) **Mania?** Y N (69) If no, **Hypomania?** Y N If neither, is mood elevation sufficient for BP NOS? Y N

Determine number of (hypo)manic episodes

The time we've been talking about is what we would call (hypo)mania.

Using that time as a guide, how many times have you been like that for as long as 1 wk?

(70) Number of phases (circle one): 0 1 2 3-4 5-9 10-20 20-50 Too many to count Indeterminate

(71) When was the last episode of (hypo)mania?

(Do not consider current episode.) Estimated onset: ___/___/___ Estimated offset: ___/___/___

How many times have you felt like that in the past year? Mania: ___ Hypomania: ___ Mixed: ___ (72) **Total:** ___
 (If the total is >1): How were you feeling between those times? _____

Earliest episode: When was the first time your mood was like that for a week or more? (73) Age: ___ Date onset: ___/___/___

PAST DEPRESSION

	No	Probable	Definite
Has there ever been a period when you were feeling down or depressed most of the day, nearly every day, for as long as two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What about being a lot less interested in things or unable to enjoy things you usually would enjoy nearly every day for as long as two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If either is "Definite":

Symptoms present to a significant degree during <u>most severe episode</u>	
During that time...	(Much less) -2-0-+2 (Much more)
...did you have a change in sleep pattern?	Sleep (___ - ___ hours)
...were you down on yourself? Did you feel as if you were a bad person or that you deserved to suffer?	Guilt / Self-esteem
...how was your energy level? Were there things that you should have done and didn't because you didn't have enough energy or were simply too tired?	Energy
...how was your concentration? Were you able to read the newspaper or watch TV? Did you find that you were easily distracted?	Concentration / Distractibility
...how was your appetite? Did your weight change?	Appetite
...were there times when you were so fidgety or agitated it was hard for you to stay still? What about the opposite, thinking or moving more slowly than usual (or feeling like molasses in January)? If I had been there, would I have noticed that something was wrong?	PMR / PMA
...were there times when you were feeling so bad that you felt life was not worth living? What about actually thinking about suicide or harming yourself?	SI <input type="checkbox"/> LNWL <input type="checkbox"/> Passive <input type="checkbox"/> Active

Other features of past episodes of depression ("+" indicates symptom present to a significant degree in any week, "-" indicates absent.)

(74) ___ Sudden onset	(75) ___ Irritability	(76) ___ Anger attacks	(77) ___ Leaden paralysis	Organic factors:
(78) ___ Worthlessness	(79) ___ PI	(80) ___ Delusions	(81) ___ Hallucinations	___ Alcohol abuse
Associated stressor: _____				___ Substance abuse
				___ Other: _____

Determine number of depressive episodes

The time we've been talking about is what we'd call an episode of depression. Using that time as a guide, how many times have you been like that for as long as 2 weeks?

(82) Number of phases (circle one): 0 1 2 3-4 5-9 10-20 20-50 Too many to count Indeterminate

(83) When was last episode of depression? (Do not consider current episode.) Estimated onset: ___ / ___ / ___ Estimated offset: ___ / ___ / ___

(84) How many times have you felt like that in the past year? ___
(If the total is >1): How were you feeling between those times? _____

Earliest episode: When was the first time your mood was like that for a week or more? (85) Age: ___ Date onset: ___ / ___ / ___

PATTERN OF MOOD SYMPTOMS: <input type="checkbox"/> NONE APPARENT USUAL ONSET: _____ - _____ USUAL OFFSET: _____ - _____																																					
(86) Hx Antidepressant induced (hypo)mania <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/not done ↳ If yes, drug: _____, date: ___ / ___ / ___																																					
(87) Perimenstrual Exacerbation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/not done <input type="checkbox"/> N/A																																					
Mood Sxs associated with Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																																					
(88) Postpartum <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																																					
NUMBER OF PHASES: (SEPARATED BY 4 WEEKS OF EUTHYMIA OR AN EPISODE OF OPPOSITE POLARITY)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center">NO RELIABLE INFO</th> <th align="center">0</th> <th align="center">1</th> <th align="center">2</th> <th align="center">3</th> <th align="center">4</th> <th align="center">5-12</th> <th align="center">13-52</th> <th align="center">≥53</th> </tr> <tr> <td align="center">(89) LIFETIME</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td align="center">(90) PAST 12 MONTHS</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td align="center">(91) MOST EVER IN 12 MONTHS</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	NO RELIABLE INFO	0	1	2	3	4	5-12	13-52	≥53	(89) LIFETIME									(90) PAST 12 MONTHS									(91) MOST EVER IN 12 MONTHS								
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(90) PAST 12 MONTHS																																					
(91) MOST EVER IN 12 MONTHS																																					
(92) Episode pattern: <input type="checkbox"/> DEM <input type="checkbox"/> DME <input type="checkbox"/> MED <input type="checkbox"/> MDE <input type="checkbox"/> MDMDMD <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unclear																																					
IS SEASONAL PATTERN SUSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN/NOT DONE ↳ If yes, comment: _____																																					

CYCLOTHYMIA, DYSTHYMIA, AND SUBSYNDROMAL MOOD ELEVATION

CYCLOTHYMIA (Optional, determine whether patient has/had current or past cyclothymia)		
Other than the times we talked about when you met criteria for depression...		
...have you ever had a period when you had lots of ups and downs, that is, some days you felt too good or even a little high, and other days you felt down and depressed?	Y	N
(If yes)Were the good days really too good, or just better than the bad days?	Y	N
Did the ups and downs follow any pattern?	Y	N
Was there a period of time like that for as long as two years during which you were never without those ups and downs for as long as two months?	Y	N
During that time, what's the longest period that you felt normal?	___	weeks
Well interval ___/___ - ___/___		
Note: DSM-IV does not specify the number of symptoms of mood elevation required for cyclothymia. Use script to screen for occult periods of mood elevation.		
During those period when you were high, did you find that you...		
...needed less sleep than usual?	Y	N
...felt particularly full of energy?	Y	N
...felt especially self confident?	Y	N
...get a lot more done than usual?	Y	N
...felt physically restless?	Y	N
...talked more than usual?	Y	N
...had unusually good ideas or think especially clearly?	Y	N
...did things that could have caused trouble for you or your family (e.g., lavish spending sprees, reckless driving)?	Y	N
...laugh or joke about things that other people don't find funny (or think are in poor taste)?	Y	N
Cyclothymia		
Y	N	

DYSTHYMIA (Optional, or if unclear whether patient has mood disorder)		
Have you ever felt down/depressed more often than not for 1-2 years and were never without those feelings for as long as 2 months?	Y	N
During that time, what was the longest period of time that you felt normal?	___	weeks
During this period of feeling depressed most of the time...		
...did your appetite change significantly?	Y	N
...did you have trouble sleeping or sleep excessively?	Y	N
...did you feel tired or without energy?	Y	N
...did you lose your self-confidence?	Y	N
...did you have trouble concentrating or making decisions?	Y	N
...did you feel hopeless?	Y	N
Are two or more answers coded yes?		
Y	N	
Did these symptoms cause significant distress or impair your ability to function at work, socially, or in some other way?	Y	N
Dysthymia		
Y	N	

SUBSYNDROMAL MOOD ELEVATION (Optional, or if unclear whether patient has bipolar disorder)		
Have you ever had even brief periods when your mood was abnormally high or when you were very easily annoyed?	Y	N
In the past 2 months how many weeks have you had without even one day like that?	___	weeks

PAST PSYCHIATRIC HISTORY (see patient packet)

Other Psychiatric History (Use DSM criteria. If patient does not meet criteria, indicate "No." If patient clearly meets DSM criteria, indicate "Definite." If patient may meet criteria or meets subthreshold criteria, indicate "Probable.")

	No	Probable	Definite	Comment	Age/ Onset
(93) Panic					(94)
(95) Social Phobia					(96)
(97) GAD					(98)
(99) OCD					(100)
(101) Hypochondriasis					(102)
(103) Bulimia					(104)
(105) Anorexia Nervosa					(106)
(107) Personality disorder					(108)
(109) PTSD					(110)
Abuse/Trauma	Yes	No			
Sexual					
Physical					
Emotional					
Other extreme trauma					

	Yes	No	???	(Type/Date):	Age/Onset
(111) Suicide attempt					(112)
(113) Violence					(114)
(115) Arrests					(116)
(117) Other Legal Problems					(118)

Psychotic Disorders (review patient packet and mental status exam)	No	Probable	Yes	Age/ Onset
Current or historical delusions				
Current or historical hallucinations				
Current or historical formal thought disorder (disorganized speech, tangentiality, loose associations)				
Current or historical negative sx's (flat affect, amotivation, avolition) in absence of depressed mood				
Current or historical bizarre behavior, catatonia, gross disorganization				
Level of occupational or social functioning significantly below expected or achieved prior to sx's onset				

If one or more psychotic symptom above coded "Definite":	Yes	No
Have any of the above symptoms occurred in the absence of severe mood symptoms?		
Have any of the above symptoms occurred in the absence of intoxication, medication such as steroids, or neurologic or metabolic illness?		
If mood symptoms have been present, have their total duration been brief relative to the total duration of active and residual symptoms?		
Have any of the above positive symptoms persisted for a significant amount of time during any one month period (less if successfully treated)?		
Has there been continuous signs of disturbance for at least 6 months (less if successfully treated)?		

Select the best DSM-IV diagnosis

Determine Psychotic Disorder Diagnosis	
(119) Any Psychotic Disorder? Y N	(120) If so, earliest age of onset: _____
(121) Check appropriate diagnosis below.	
<input type="checkbox"/>	Affective Psychosis Psychosis only in association with depressive or manic episodes
<input type="checkbox"/>	Schizoaffective Disorder Psychosis persists significantly beyond (>2 wks) resolution of affective episode
<input type="checkbox"/>	Schizophrenia Duration of Affective illness is much less than duration of psychosis
<input type="checkbox"/>	Secondary Psychosis All psychotic sx's attributable to only secondary substance use or a gen'l medical etiology
<input type="checkbox"/>	Other _____

CHILDHOOD HISTORY

Use DSM criteria and code: "No," "Probable," or "Definite." If uncertain of criteria, indicate "Probable" and check DSM. If patient is short of criteria, indicate "No."

	No	Probable	Definite	Comment	Age / Onset
(122) ADD/ADHD					(123)
(124) Oppositional/Defiant					(125)
(126) Conduct Disorder					(127)
(128) Learning Disorders					(129)
(130) Overanxious/GAD					(131)
(132) Separation					(133)
(134) Avoidant					(135)
(136) Sleep Walking					(137)
(138) Sleep Talking					(139)
(140) Night Terrors					(141)
(142) Enuresis					(143)
(144) Migraine Headaches					(145)
(146) Other:					(147)

Compared to average classmate/peer:	Much worse = -2	0	+2 = Much better	(0 = average)	Best term	Worst term
Academic function:						
					Best year	Worst year
Social function:						

PSYCHOACTIVE SUBSTANCE USE HISTORY

	Current use	Age last use	Age peak use	Hx Abuse?	Age onset	Abuse Treatment
EtOH	(148) ___ dr/d	___	___	Y N	(149) ___	(150) Y N if yes, age: ___
Caffeine	(151) ___ c/d	___	___	Y N	(152) ___	(153) Y N if yes, age: ___
Nicotine	(154) ___ p/d	___	___	Y N	(155) ___	(156) Y N if yes, age: ___
MJ	(157) Y N	___	___	Y N	(158) ___	(159) Y N if yes, age: ___
Amphphetamine	(160) Y N	___	___	Y N	(161) ___	(162) Y N if yes, age: ___
Cocaine	(163) Y N	___	___	Y N	(164) ___	(165) Y N if yes, age: ___
PCP	(166) Y N	___	___	Y N	(167) ___	(168) Y N if yes, age: ___
LSD	(169) Y N	___	___	Y N	(170) ___	(171) Y N if yes, age: ___
Opiates	(172) Y N	___	___	Y N	(173) ___	(174) Y N if yes, age: ___
	Y N	___	___	Y N	___	Y N if yes, age: ___
	Y N	___	___	Y N	___	Y N if yes, age: ___

How old were you when you were first treated for...	Age	Treatment
...any psychiatric (emotional, psychological, behavioral) problem? (Dx: _____)		
...depression?		
...depression with medication or ECT? (if first tx did not include antidepressant meds or ECT)		
...mood elevation (irritability)?		
...mood elevation (irritability) with medication or ECT? (if first tx did not include antimanic meds or ECT)		

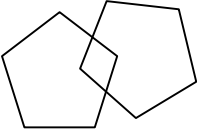
TREATMENT HISTORY

Treatment	Date	Wks of tx	Max dose (mg/d)	Response	Affective switch* in 1 st 12 weeks (circle one)	Comments / adverse effects
Mood stabilizing agents						
<input type="checkbox"/> (175) Lithium					Y N ?	
<input type="checkbox"/> (176) Valproate					Y N ?	
<input type="checkbox"/> (177) Carbamazepine					Y N ?	
<input type="checkbox"/> (178) Lamotrigine					Y N ?	
<input type="checkbox"/> (179) Gabapentin					Y N ?	
<input type="checkbox"/> (180) Clonazepam					Y N ?	
<input type="checkbox"/> (181) Omega-3					Y N ?	
<input type="checkbox"/> (182) Ca blocker					Y N ?	
Antidepressants						
<input type="checkbox"/> (183) Bupropion					(184) Y N ?	
<input type="checkbox"/> (185) Mirtazapine					(186) Y N ?	
<input type="checkbox"/> (187) MAOI					(188) Y N ?	
<input type="checkbox"/> (189) Citalopram					(190) Y N ?	
<input type="checkbox"/> (191) Fluoxetine					(192) Y N ?	
<input type="checkbox"/> (193) Sertraline					(194) Y N ?	
<input type="checkbox"/> (195) Paroxetine					(196) Y N ?	
<input type="checkbox"/> (197) Fluvoxamine					(198) Y N ?	
<input type="checkbox"/> (199) Venlafaxine					(200) Y N ?	
<input type="checkbox"/> (201) Nefazodone					(202) Y N ?	
<input type="checkbox"/> (203) Heterocyclic					(204) Y N ?	
<input type="checkbox"/> (205) ECT Uni Bi					(206) Y N ?	
Stimulants						
					Y N ?	
					Y N ?	
Anxiolytics						
<input type="checkbox"/> (207) Benzodiazepine					Y N ?	
<input type="checkbox"/> (208) Buspirone					Y N ?	
<input type="checkbox"/> (209) Beta blocker					Y N ?	
Antipsychotic						
<input type="checkbox"/> (210) Risperidone					(211) Y N ?	
<input type="checkbox"/> (212) Clozapine					(213) Y N ?	
<input type="checkbox"/> (214) Olanzapine					(215) Y N ?	
<input type="checkbox"/> (216) Quetiapine					(217) Y N ?	
<input type="checkbox"/> (218) Ziprasidone					(219) Y N ?	
<input type="checkbox"/> (220) Haloperidol					(221) Y N ?	
<input type="checkbox"/> (222) Other					(223) Y N ?	
<input type="checkbox"/> (224) Other					(225) Y N ?	
Other						
<input type="checkbox"/> (226) Thyroid					(227) Y N ?	
<input type="checkbox"/> (228) Light					(229) Y N ?	
<input type="checkbox"/> (230) Verbal tx					(231) Y N ?	

* Affective switch is defined as a switch to a new episode of opposite polarity.

MENTAL STATUS

Cognitive Screen	Spell	Repeat Items (4)	Subtraction (5)	Date of birth	Oriented (x4)	Memory
	“WORLD” backwards.	Repeat the following: “Detroit, 16, Streetcar, Rainbow”	100-7-7-7-7-7	__ / __ / ____	Person, Place, Day, Date	Recall the last 4 presidents
Errors:	0 1 ≥2	0 1 2 ≥3	0 1 2 ≥3	0 1 2 ≥3	0 1 2 ≥3	0 1 2 ≥3
(232) Total number of errors: _____						
(233) MMSE Done? Y N (If >1 error, complete MMSE below. If 0 or 1 error, MMSE is optional.)						

The Mini-Mental State Examination¹ (MMSE)	Maximum Score	Score	
	5	()	<u>ORIENTATION</u> What is the (year) (season) (date) (day) (month)? <i>One point for each correct response.</i>
	5	()	Where are we: (state) (county) (town or city) (hospital) (floor)? <i>One point for each correct response.</i>
	3	()	<u>REGISTRATION</u> Name 3 common objects (e.g., “apple, table, penny”). <i>One point for each correct response.</i> Count trials and record. Trials: _____
	5	()	<u>ATTENTION AND CALCULATION</u> Serial 7’s backwards. <i>One point for each correct response.</i> Stop after 5 answers. Alternatively, spell “WORLD” backwards.
	3	()	<u>RECALL</u> Ask for the 3 objects repeated above. <i>One point for each response.</i>
	2	()	<u>LANGUAGE</u> Name a pencil and a watch.
	1	()	Repeat the following: “No ifs, ands, or buts.”
	3	()	Follow a 3-stage command: “Take a paper in your right hand, fold it in half, and put it on the floor.” <i>One point for each part correctly executed.</i>
	1	()	Read and obey the following: CLOSE YOUR EYES.
1	()	Write a sentence.	
1	()	Copy the following design.	
	Maximum Total 30	Total Score	
		(234)	

¹ Folstein et al.,
J Psychiatr Res.,
1975

General	Cooperativeness:			Reliability:		
	Dress:			Grooming:		
Speech <input type="checkbox"/> Normal	Rate	Latency	Volume	Detail	Goal directed	Over inclusive
	Major Themes:					
Content <input type="checkbox"/> No SI, HI, PI	Paranoid ideation:					
	SI: <input type="checkbox"/> None evident					
HI: <input type="checkbox"/> None evident						
Psychoses <input type="checkbox"/> None	Hallucinations: <input type="checkbox"/> None evident <input type="checkbox"/> Present. If so, describe:					
	Delusions: <input type="checkbox"/> None evident <input type="checkbox"/> Present. If so, describe:					
Affect <input type="checkbox"/> Full and appropriate	Range	Appropriateness	Laughs	Cries	Lability	Irritability

MEDICAL HISTORY

Major Illnesses/Surgeries/Admissions

Childhood: _____

Adulthood: _____

Date of Last Physical Exam: ___ / ___ / ___ PCP: _____ Phone: _____

Birth History	No	Yes
(235) Full-term uncomplicated vaginal delivery		
Neonatal Jaundice		
Febrile Seizure		
Other Neonatal Insult		

Menstrual History	<input type="checkbox"/> N/A (Check if male)
(236) Menarche, age: _____	
Cycles: _____ days Currently: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	
Became irregular: ___ / ___ / _____ Range: _____ - _____ days	
Last menstrual period: ___ / ___ / _____	
(237) Parity: _____ Conception _____ Miscarriages _____ Abortions _____ Live Births	
(238) Current contraceptive method: <input type="checkbox"/> None <input type="checkbox"/> OBC <input type="checkbox"/> Barrier <input type="checkbox"/> Abstinence <input type="checkbox"/> Other	
<input type="checkbox"/> Hysterectomy Age _____	
<input type="checkbox"/> Oophorectomy Age _____	

Review of Systems

	No	Yes
(239) Allergies		
(240) HT with LOC		
(241) Other LOC		
(242) Seizure		
(243) Migraine		
(244) Multiple Sclerosis		
CVA (Stroke)		
Head		
Neck		
Lymph nodes		
Mouth		
Tongue		
Uvula		
(245) Peptic Ulcer Disease		
(246) Hepatitis		
Irritable Bowel Syndrome		
(247) Asthma		
Respiratory		
Cardiac		
(248) Eczema		
(249) Raynauds		
(250) Stevens Johnson		
Psoriasis		
(251) Diabetes		
(252) Thyroid		
Lupus		
Traumatic injury		
Rheumatoid Arthritis		
Osteoarthritis		
Frequent UTI		
STD		
Renal		

Physical Examination

Vital signs			
(253) Blood pressure: _____ / _____	(254) Pulse: _____		
(255) Height: _____ in	(256) Weight: _____ lb.		
(257) Handedness: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Ambidextrous			
(258) Clinically Significant Abnormalities?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unclear			
If yes, specify clinically significant findings:			
	Normal		Comment
	No	Yes	
Abdomen	Bowel Sounds		
Thorax	Heart		
	Breasts		
	Lungs		
Skin	Frequent Rashes		
Neuro-Endocrine	Cranial Nerves		
Extremities/ Joints	Gait		
Genital/ Urinary			

LABORATORY EVALUATION

If values not known, code: nl = normal Unk = unknown X= never done

Serum Drug Levels:

Date of Last	Results	Dose:	Steady state							
__/__/__	Lithium (259) _____ mMol/L	(260) _____ mg/d	Yes	No	Unknown					
__/__/__	Valproate (261) _____ µg/ml	(262) _____ mg/d	Yes	No	Unknown					
__/__/__	Carbamazepine (263) _____ µg/ml	(264) _____ mg/d	Yes	No	Unknown					
__/__/__	(265) Other _____ (266) _____ µg/ml	(267) _____ mg/d	Yes	No	Unknown					
__/__/__	Other _____ _____ µg/ml	_____ mg/d	Yes	No	Unknown					
Chemistry __/__/__	Electrolytes:				Creatinine	BUN	Glucose	Albumin	LFT	
	Na	K	Cl	CO ₂						Ca
Hematology __/__/__	WBC		HCT		Plt		MCV		ESR	
Endocrine __/__/__	TSH		T4		FT4		T3		Prolactin	Cortisol
Immunology __/__/__	ANA			HIV			RF			
EKG __/__/__	-----									
EEG __/__/__	-----									
Imaging __/__/__	CT MRI -----									
Neuropsych __/__/__	-----									
Other __/__/__	-----									

Notes/comments:

FAMILY HISTORY

Siblings: ___ F (ages: _____) ___ M (ages: _____)
 # Children: ___ F (ages: _____) ___ M (ages: _____)

Code: 3= Professionally dx or treated 2= Likely by description 1= Negative ?= No info available	Maternal										Paternal											
	Any Blood relative	Mother	Father				Sister	Brother				Daughter	Son				GM	GF	Aunt	Uncle	Cousin	
Psychiatric hospitalization																						
Bipolar disorder																						
Other Mood Disorder																						
ADD/ADHD																						
Alcohol abuse																						
Substance abuse																						
Schizophrenia																						
Schizoaffective																						
Panic																						
Suicide																						
Suicide Attempt																						
Bulimia																						
Anorexia																						

Social History

Lives is _____ with _____

Occupation _____

Education _____ Military Service _____

Monetary support _____

Involvement in role		Rate -2—0—+2	
___ Gainful employment	___ Student	___ Parenting	___ Home chores
___ Recreation	___ Unemployed	Impairment ___ % of normal	

Notes/comments:

BIPOLARITY INDEX

For each of the items below, circle the score next to the characteristic that best describes the patient.

Characteristics' scores range from 0 (no evidence of bipolar disorder) to 20 (most convincing characteristic of bipolar disorder).

I. Episode Characteristics (268)	
20	Documented acute mania or mixed episode with prominent euphoria, grandiosity, or expansiveness and no significant general medical or known secondary etiology.
15	Clear-cut acute mixed episode or dysphoric or irritable mania with no significant general medical or known secondary etiology.
10	<ul style="list-style-type: none"> ▪ Clear-cut hypomania with no significant general medical or known secondary etiology. ▪ Clear-cut cyclothymia with no significant general medical or known secondary etiology. ▪ Clear-cut mania secondary to antidepressant use.
5	<ul style="list-style-type: none"> ▪ Clear-cut hypomania secondary to antidepressant use. ▪ Episodes with characteristic sx's of hypomania, but sx's, duration, or intensity are subthreshold for hypomania or cyclothymia. ▪ A single MDE with psychotic or atypical features (Atypical is 2 of the following sx's: hypersomnia, hyperphagia, leaden paralysis of limbs) ▪ Any postpartum depression.
2	<ul style="list-style-type: none"> ▪ Any recurrent typical unipolar major depressive disorder. ▪ History of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference, magical thinking).
0	No history of significant mood elevation, recurrent depression, or psychosis.
II. Age of Onset (1 st affective episode/syndrome) (269)	
20	15 to 19 years
15	before age 15 or between 20 and 30
10	30 to 45 years
5	after age 45
0	No history of affective illness (no episodes, cyclothymia, dysthymia, or BP NOS).
III. Course of Illness / Associated Features (270)	
20	Recurrent, distinct manic episodes separated by periods of full recovery.
15	<ul style="list-style-type: none"> ▪ Recurrent, distinct manic episodes with incomplete inter-episode recovery. ▪ Recurrent, distinct hypomanic episodes with full inter-episode recovery.
10	<ul style="list-style-type: none"> ▪ Comorbid substance abuse. ▪ Psychotic features only during acute mood episodes. ▪ Incarceration or repeated legal offenses related to manic behavior (e.g., shoplifting, reckless driving, bankruptcy).
5	<ul style="list-style-type: none"> ▪ Recurrent unipolar MDD with 3 or more major depressive episodes. ▪ Recurrent, distinct hypomanic episodes without full inter-episode recovery. ▪ Recurrent medication non-compliance. ▪ Comorbid borderline personality disorder, anxiety disorders, or eating disorders, or history of ADHD. ▪ Engagement in risky behaviors that pose a problem for patient, family, or friends. ▪ Behavioral evidence of perimenstrual exacerbation of mood symptoms.
2	<ul style="list-style-type: none"> ▪ Baseline hyperthymic personality (when not manic or depressed). ▪ Marriage 3 or more times (including remarriage to the same individual). ▪ In two or more years, has started a new job and changed jobs after less than a year. ▪ Has more than two advanced degrees.
0	None of the above.
IV. Response to Treatment (271)	
20	Full recovery within 4 weeks of therapeutic treatment with mood stabilizing medication.
15	<ul style="list-style-type: none"> ▪ Full recovery within 12 weeks of therapeutic treatment with mood stabilizing medication or relapse within 12 weeks of discontinuing tx. ▪ Affective switch to mania (pure or mixed) within 12 weeks of starting a new antidepressant or increasing dose.
10	<ul style="list-style-type: none"> ▪ Worsening dysphoria or mixed symptoms during antidepressant treatment subthreshold for mania. ▪ Partial response to one or two mood stabilizers within 12 weeks of therapeutic treatment. ▪ Antidepressant-induced new or worsening rapid-cycling course.
5	<ul style="list-style-type: none"> ▪ Treatment resistance: lack of response to complete trials of 3 or more antidepressants. ▪ Affective switch to mania or hypomania with antidepressant withdrawal.
2	Immediate near complete response to antidepressant withdrawal.
0	None of the above, or no treatment.
V. Family History (272)	
20	At least one first degree relative with documented bipolar illness.
15	<ul style="list-style-type: none"> ▪ At least one second degree relative with documented bipolar illness. ▪ At least one first degree relative with documented, recurrent unipolar MDD and behavioral evidence suggesting bipolar illness.
10	<ul style="list-style-type: none"> ▪ First degree relative with documented, recurrent unipolar MDD or schizoaffective disorder. ▪ Any relative with documented bipolar illness or recurrent unipolar MDD and behavioral evidence suggesting bipolar illness.
5	<ul style="list-style-type: none"> ▪ First degree relative with documented substance abuse. ▪ And relative with possible bipolar illness.
2	<ul style="list-style-type: none"> ▪ First degree relative with possible recurrent unipolar MDD. ▪ First degree relative with diagnosed related illness: anxiety disorders, eating disorders, ADD/ADHD.
0	None of the above, or no family psychiatric illness.
<div style="display: flex; align-items: center;"> <div style="width: 50px; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="font-size: 1.2em; font-weight: bold;">← Total score (0 – 100) (273)</div> </div>	

Axis I Mood Disorder Dx:

(Use DSM-IV Codes)

(274) Current (or most recent) episode: 296.4_ 296.5_ 296.6_ 296.7 296.8_
 296.2_ 296.3_ 295.7_ Other _____

(275) Lifetime: BP I BP II BP NOS Unipolar MDD
 Schizoaffective BP Schizoaffective UP Other _____

(276) Lifetime: Cyclothymia Dysthymia Neither

(277) Other Axis I: _____

(278) Axis II: _____

(279) Axis III: _____

(280) Axis IV (stressors): _____

(281) Axis V (GAF): Current Month = _____ Past Year: Best = _____ Worst = _____

CGI (current month): (282) CGI-BP-Depression = _____ (283) CGI-BP-Elevation = _____ (284) CGI-BP-Overall = _____

GAF Scale (frequently used definitions)

- 71-80: • No more than slight impairment in functioning, varying degree of every day worry and problems that sometimes get out of hand. Minimal symptoms may or may not be present.
- 61-70: • Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships, and most untrained people would not consider him "sick."
- 51-60: • Moderate symptoms OR generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressured speech, moderately severe antisocial behavior).
- 41-50: • Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe OC rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).
- 31-40: • Major impairment in several areas, such as work, family relationships, judgement, thinking or mood (e.g., depressed woman avoids friend, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is sometimes obscure, irrelevant), OR single suicide attempt.
- 21-30: • Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusion or hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgement (e.g., acts grossly inappropriately)

Recommendations / Plan:

Other Interventions	Offered	Accepted	Comment
Review practical tables for _____			
Baseline laboratory assessment			
Teach Daily Mood Charting			
Collaborative Care video			
Collaborative Care workbook			
Treatment Contract			
Referral to:			
Randomized study entry:			

Follow-up with: _____

Physician's signature: _____ Date: __/__/__