

Bipolar Disorder Assessment Questionnaire

Personal Information

Full Name

Age

Gender

Mood Symptoms

Have you experienced periods of unusually elevated or irritable mood?

☐ Yes ☐ No

Do these periods last for at least 4 days?

☐ Yes ☐ No

During these periods, do you feel more energetic or active than usual?

☐ Yes ☐ No

Behavioral Symptoms

Do you notice changes in your sleep patterns?

☐ Yes ☐ No

Have you had increased talkativeness or rapid speech?

☐ Yes ☐ No

Have you engaged in risky behaviors (spending, driving, sexual, etc.) during high mood periods?

☐ Yes ☐ No

Depressive Symptoms

Have you experienced periods of low mood, loss of interest, or hopelessness?

☐ Yes ☐ No

Do these periods last for at least 2 weeks?

☐ Yes ☐ No

Do you struggle with concentration or making decisions?

☐ Yes ☐ No

Family & Medical History

Is there a family history of Bipolar Disorder or other mental health conditions?

☐ Yes ☐ No

Please provide any additional information or comments:

