Mood Disorder Questionnaire for Parents of Adolescents
(Wagner et al., Journal of Clinical Psychiatry 2006, 67(5): 827-30.)

1. Has there ever been a time for a week or more when your adolescent was not his/her usual self and...
   ○ felt too good or excited?
   ○ felt he/she could do anything?
   ○ needed much less sleep?
   ○ was so easily distracted by things?
   ○ spent too much money?
   ○ used more alcohol or drugs?
   ○ was so irritable that he/she started fights or arguments with people?
   ○ couldn’t slow his/her mind down or thoughts raced through his/her head?
   ○ had much more energy than usual?
   ○ was much more active or did more things than usual?
   ○ had many boyfriends or girlfriends at the same time?
   ○ was more interested in sex than usual?
   ○ did many things that were foolish or risky?

2. If you checked YES to more than one of the above, have several of these ever happened to your adolescent during the same period of time?
   Yes  No

3. How much of a problem did any of these cause your adolescent--like school problems, failing grades, problems with family and friends, legal troubles?
   No problem  Minor problem  Moderate problem  Serious problem

If you checked 5 or more of the 13 behaviors on Question 1, Yes on Question 2, and Moderate or Serious on question 3, investigate a diagnosis of bipolar disorder.