

D - Mood - Bipolar Disorder

Please complete the survey below.

Thank you!

1. Gold Standard Diagnosis

Have you been diagnosed with Bipolar Disorder?

- ☐ Yes
☐ No

Bipolar I and II Disorders

- ☐ 6A60 Bipolar type I disorder
☐ 6A61 Bipolar type II disorder
☐ 6A62 Cyclothymic disorder
☐ 6A6Y Other specified bipolar or related disorders
☐ 6A6Z Bipolar or related disorders, unspecified

Were you diagnosed with Bipolar I, Bipolar II, or Other/unspecified?

- ☐ Bipolar I
☐ Bipolar II
☐ Other/unspecified

Please specify

Have you ever seen things other people can't see or heard things other people can't hear?

- ☐ Yes
☐ No

Have you ever had a manic episode (i.e., While not under the influence of substances, a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently goal-directed behavior or energy, lasting at least 1 week and present most of the day, nearly every day)?

- ☐ Yes
☐ No

Diagnosis

(Legacy)

- ☐ Bipolar I disorder
☐ Bipolar II disorder
☐ Cyclothymic disorder (cyclothymia)
☐ Other specified and unspecified bipolar and related disorders

Was a structured clinical interview done?

(Legacy)

- ☐ Yes
☐ No

Was an objective questionnaire used?

(Legacy)

- ☐ Yes
☐ No

Which objective questionnaire was used?

(Legacy)

- ☐ Patient Health Questionnaire (PHQ-9)
☐ HAM-D
☐ Beck Depression Inventory (BDI)
☐ Other

Please specify

(Legacy)

2. Medical and Psychiatric comorbidities

Please select any active psychiatric problems and medical problems (select all that apply).

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- ☐ ADHD
- ☐ Anxiety
- ☐ OCD
- ☐ Stroke
- ☐ Epilepsy
- ☐ Laryngeal cancer
- ☐ Seasonal allergies
- ☐ Other

Please specify

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Please select any historical psychiatric problems and medical problems (select all that apply).

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- ☐ ADHD
- ☐ Anxiety
- ☐ OCD
- ☐ Stroke
- ☐ Epilepsy
- ☐ Laryngeal cancer
- ☐ Seasonal allergies
- ☐ Other

Please specify

MOVED IT TO "Q - Mood - Participant History"

Enter list of active problems

(Legacy)

Enter any history of problems

(Legacy)

3. Bipolar History

When was your last depressive episode (feeling down and depressed more days than not over two weeks)?

Approximately how many depressive episodes have you had in your life (feeling down and depressed more days than not over two weeks)?

- ☐ None
- ☐ More than two
- ☐ More than five
- ☐ Not sure

When was your last manic episode?

Approximately how many manic episodes have you had in your life?

- ☐ None
- ☐ More than two
- ☐ More than five
- ☐ Not sure

3. Disease Subtype**(Legacy)**

Disease Subtype

- ☐ Active
☐ Recurrent

(Legacy)

Psychotic Symptoms

- ☐ With
☐ Without

(Legacy)

4. Etiology**(Legacy)**

Describe life events that may relate to the diagnosis

(Legacy)

5. Disease Severity**(Legacy)**

Disease Severity

- ☐ Mild
☐ Moderate
☐ Severe

(Legacy)

4. Treatment obtained

Have you ever been prescribed medication for mental or emotional problems (e.g., antidepressants, anxiolytics, antipsychotics, mood stabilizers, etc.)?

- ☐ Yes
☐ No

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Please list any current psychiatric medications (to the best of your recollection), including medication names, dosage, and how many times per day.

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Please list any previous psychiatric medications (to the best of your recollection), including medication names, approximate dates you were taking them, and why they were discontinued.

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Have you ever seen a mental health professional for talk therapy (could include social workers, psychiatrists, etc.)?

- ☐ Yes
☐ No

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Please briefly describe your psychotherapy history
(e.g.,
dates, reasons for seeking therapy, etc.).

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List any current medications/therapies

(Legacy)

List any former medications/therapies

(Legacy)
