

Additional Bipolar Disorders Specifiers

[ONLY COMPLETE SPECIFIER(S) THAT ARE DEEMED RELEVANT]

[FOR RESPONSE OPTIONS WITH ☒, FURTHER QUERY WITHIN THAT PARTICULAR SPECIFIER SHOULD BE STOPPED, BUT ASSESSMENT OF OTHER SPECIFIERS MAY BE APPROPRIATE]

With Anxious Distress

1. On most days during your period of [low mood/mania/hypomania], did you:

- ☐ Feel keyed up or tense
- ☐ Feel more restless than usual
- ☐ Have trouble concentrating when you were worried
- ☐ Fear that something bad or catastrophic was going to happen
- ☐ Feel like you might lose control of yourself

[AT LEAST TWO #1 ITEMS ARE CHECKED]

A
☒

P

[SPECIFY:]

WITH ANXIOUS DISTRESS ☐

[SPECIFY:]

2 SYMPTOMS

MILD ☐

3 SYMPTOMS

MODERATE ☐

4-5 SYMPTOMS

MODERATE-SEVERE ☐

4-5 SYMPTOMS AND WITH MOTOR AGITATION (E.G., KEYED UP, RESTLESS)

SEVERE ☐

Depressive Episode, With Mixed Features

1. [A MAJOR DEPRESSIVE EPISODE IS PRESENT]

A
☒

P

2. On most days during your period of low mood, did you:

- ☐ Also have periods of elevated mood
- ☐ Feel really important or have very high self-esteem
- ☐ Talk a lot or feel a pressure to talk a lot
- ☐ Have racing thoughts
- ☐ Have an increase in energy or activity level
- ☐ Engage in more risky behaviours than normal (e.g., shopping sprees, sexual activity, use of alcohol or substances)
- ☐ Need less sleep but still felt rested

[AT LEAST THREE #2 ITEMS ARE CHECKED]

A
☒

P

- | | | | |
|----|---|---|----------|
| 3. | [SYMPTOMS ARE DIFFERENT FROM USUAL AND OBSERVABLE BY OTHERS. IF NOT KNOWN, ASK:] | A
<input checked="" type="checkbox"/> | P |
| | Were these symptoms different from your usual state? Did anyone notice or comment? | | |
| 4. | [NO CURRENT EPISODE OF MANIA] | A
<input checked="" type="checkbox"/> | P |
| | [IF BOTH MANIC AND DEPRESSIVE EPISODES ARE PRESENT, DIAGNOSIS SHOULD BE MANIC EPISODE WITH MIXED FEATURES] | | |
| 5. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE. IF NOT KNOWN, ASK:] | A
<input checked="" type="checkbox"/> | P |
| | Were you using any substances just before these symptoms began? Do you think this may have caused your symptoms or made them worse? | | |

[SPECIFY:]

DEPRESSIVE EPISODE, ☐
WITH MIXED FEATURES

Manic or Hypomanic Episode, With Mixed Features

- | | | | |
|----|---|---|----------|
| 1. | [A MANIC OR HYPOMANIC EPISODE IS PRESENT] | A
<input checked="" type="checkbox"/> | P |
| 2. | On most days during your period of elevated or irritable mood, did you: <ul style="list-style-type: none"> <input type="checkbox"/> Also have periods of low or depressed mood <input type="checkbox"/> Have a decline in your enjoyment of or interest in activities <input type="checkbox"/> Feel physically slowed down or restless <input type="checkbox"/> Feel fatigued or have low energy <input type="checkbox"/> Feel excessively guilty even without a good reason or feel worthless <input type="checkbox"/> Have thoughts about death, harming yourself, or ending your life | | |
| | [AT LEAST THREE #2 ITEMS ARE CHECKED] | A
<input checked="" type="checkbox"/> | P |
| 3. | [SYMPTOMS ARE DIFFERENT FROM USUAL AND OBSERVABLE BY OTHERS. IF NOT KNOWN, ASK:] | A
<input checked="" type="checkbox"/> | P |
| | Were these symptoms different from your usual state? Did anyone notice or comment? | | |
| | [IF BOTH MANIC AND DEPRESSIVE EPISODES ARE PRESENT, DIAGNOSIS SHOULD BE MANIC EPISODE WITH MIXED FEATURES] | | |
| 4. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE. IF NOT KNOWN, ASK:] | A
<input checked="" type="checkbox"/> | P |
| | Were you using any substances just before these symptoms began? Do you think this may have caused your symptoms or made them worse? | | |

[SPECIFY:]

MANIC OR HYPOMANIC EPISODE, WITH MIXED FEATURES ☐

With Rapid Cycling

- | | | | |
|----|---|---|----------|
| 1. | [AT LEAST FOUR MOOD EPISODES (EITHER MAJOR DEPRESSIVE, MANIC, OR HYPOMANIC) HAVE BEEN PRESENT IN THE PAST 12 MONTHS] | A
<input checked="" type="checkbox"/> | P |
| 2. | [PARTIAL OR FULL REMISSION OF SYMPTOMS FOR AT LEAST 2 MONTHS BETWEEN EPISODES, OR SWITCH TO EPISODE OF OPPOSITE POLARITY] | A
<input checked="" type="checkbox"/> | P |

[SPECIFY:]

WITH RAPID CYCLING ☐

With Psychotic Features

- | | | | |
|----|--|---|----------|
| 1. | [WITHIN THE CONTEXT OF THE MOOD EPISODE DELUSIONS AND/OR HALLUCINATIONS ARE PRESENT] | A
<input checked="" type="checkbox"/> | P |
|----|--|---|----------|

[SPECIFY:]

DELUSIONS/HALLUCINATIONS ARE CONSISTENT WITH THEMES OF THE CURRENT MOOD EPISODE (E.G., TYPICAL DEPRESSIVE THEMES, SUCH AS INADEQUACY, GUILT, DISEASE, DEATH, NIHILISM, PUNISHMENT; OR MANIC THEMES, SUCH AS GRANDIOSITY, INVULNERABILITY, SUSPICIOUSNESS OR PARANOIA)

WITH MOOD-CONGRUENT PSYCHOTIC FEATURES ☐

[SPECIFY:]

DELUSIONS/HALLUCINATIONS ARE INCONSISTENT WITH THE CURRENT MOOD EPISODE POLARITY OR ARE MIXED IN CONTENT

WITH MOOD-INCONGRUENT PSYCHOTIC FEATURES ☐

With Peripartum Onset

- | | | | |
|----|---|---|----------|
| 1. | [ONSET OF MOOD SYMPTOMS OCCURRED DURING PREGNANCY OR WITHIN 4 WEEKS FOLLOWING DELIVERY] | A
<input checked="" type="checkbox"/> | P |
|----|---|---|----------|

[SPECIFY:]

WITH PERIPARTUM ONSET ☐

With Seasonal Pattern

[CONSIDER LIFETIME PATTERN OF MOOD EPISODES:]

- | | | | |
|----|---|---|----------|
| 1. | [PRESENCE OF A CONSISTENT RELATIONSHIP BETWEEN ONSET OF MANIC, HYPOMANIC, OR DEPRESSIVE EPISODE AND TIME OF YEAR THAT IS NOT ACCOUNTED FOR BY PSYCHOSOCIAL STRESSORS] | A
<input checked="" type="checkbox"/> | P |
| 2. | [REMISSION (OR SWITCH TO EPISODE OF OPPOSITE POLARITY) OCCURS AT SPECIFIC TIME OF YEAR, E.G., IMPROVED MOOD IN SPRING] | A
<input checked="" type="checkbox"/> | P |

- | | | | |
|----|--|---|----------|
| 3. | [OVER THE LAST 2 YEARS, PRESENCE OF MOOD EPISODES OCCUR DURING THE CHARACTERISTIC TIME OF YEAR, AS SPECIFIED ABOVE, AND NO MOOD EPISODES OF THE SAME POLARITY OCCUR AT OTHER TIMES OF THE YEAR.] | A
<input checked="" type="checkbox"/> | P |
| 4. | [ACROSS THE LIFETIME, MOOD EPISODES HAVE OCCURRED SIGNIFICANTLY MORE OFTEN DURING A SPECIFIED TIME OF YEAR THAN AT OTHER TIMES.] | A
<input checked="" type="checkbox"/> | P |

[SPECIFY:]

WITH SEASONAL PATTERN ☐