

Relationship to child Date / / Study ID# T

Primary Care MDQ-P

Instructions: Think about your child or adolescent and please answer each question as best as you can.

1. Has there ever been a period of time when your child was not his/her usual self and...						
...felt so good or so hyper that other people thought your child were not his/her normal self, or were so hyper that your child got into trouble? (<i>circle yes or no for each line please</i>)					Yes	No
...felt so irritable that he/she shouted at people or started fights or arguments?					Yes	No
...felt much more self-confident than usual?					Yes	No
...got much less sleep than usual and found he/she didn't really miss it?					Yes	No
...was much more talkative or spoke much faster than usual?					Yes	No
...thoughts raced through his/her head or your child couldn't slow his/her mind down?					Yes	No
...were so easily distracted by things around them that he/she had trouble concentrating or staying on track?					Yes	No
...had much more energy than usual?					Yes	No
...was much more active or did many more things than usual?					Yes	No
...was much more social or outgoing than usual; for example, telephoned friends in the middle of the night?					Yes	No
...was much more interested in sex than usual?					Yes	No
...did things that were unusual for him/her or that other people might have thought were excessive, foolish, or risky?					Yes	No
...spending money got him/her or your family into trouble?					Yes	No

2. If you checked YES to more than one of the above, have several of these ever happened during the <i>same period of time</i> ?				Yes	No
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3. How much of a <i>problem</i> did any of these cause your child -- like being unable to go to school; having family, money, or legal troubles; getting into arguments or fights?			
<input type="checkbox"/> No Problem	<input type="checkbox"/> Minor Problem	<input type="checkbox"/> Moderate Problem	<input type="checkbox"/> Serious Problem

4. Please indicate whether any of your (blood) relatives have had any of these concerns:						
	Grandparents	Parents	Aunts/Uncles	Brothers/Sisters	Children	other than the child in this study
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol/Drug Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manic or Bipolar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?				Yes	No
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