

# MOODS-SR – Last Month

Subject ID: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

## Instructions

The following questions refer to situations that you may have experienced in the **past month**. Please answer each of the questions by circling “YES” or “NO.” Please note that not all the questions refer to symptoms of an illness.

*The first set of questions refers to your mood.*

**In the past month, have you had periods of at least 3 days in which...**

1.	...you felt frustrated and defeated although you couldn't think of any reason for this?	Yes	No
2.	...you felt very nostalgic?	Yes	No
3.	...you felt very lonely? <i>Note: Without any real loss of friends or loved ones.</i>	Yes	No
4.	...you were serious, introverted or gloomy?	Yes	No
5.	...you felt very bored?	Yes	No
6.	...you were deeply annoyed with everything?	Yes	No
7.	...the littlest thing could make you sad?	Yes	No
8.	...you completely lost your capacity to laugh, have fun, enjoy your life?	Yes	No
9.	...you found it unusually hard to take rejections, particularly those involving friendships or romantic relationships?	Yes	No
10.	...you felt <u>persistently</u> sad or empty, blue, or down in the dumps?	Yes	No
11.	...you found yourself crying very easily?	Yes	No
12.	...you were <u>constantly</u> complaining?	Yes	No
13.	...you felt purposeless, as if everything had lost its significance?	Yes	No
14.	...you lost interest in how you looked?	Yes	No
15.	...nothing you put on looked or felt right?	Yes	No
16.	...your mood became depressed when you had some sort of medical problem such as the flu or a cold?	Yes	No
17.	...your mood became depressed when you took medications (that were not prescribed to change one's mood), such as antibiotics, contraceptives, or steroids?  o <i>I did not take such medications.</i>	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

18.	...your mood became depressed as a result of using a lot of alcohol, sleeping pills, anti-anxiety drugs, marijuana or similar substances? <i>o I did not take such substances.</i>	Yes	No
19.	...your mood became depressed when you stopped any of these substances? <i>o I did not take such substances.</i>	Yes	No
20.	...your mood became depressed as a result of using alcohol, sleeping pills, anti-anxiety drugs, nicotine, caffeine, stimulants or similar substances even though you took them in order to feel better? <i>o I did not take such substances.</i>	Yes	No
21.	...you lost interest and pleasure in your social life and you preferred spending most of your time alone, withdrawing from your family and friends?	Yes	No
22.	...you lost interest in making new friends or you found it difficult to make new friends?	Yes	No
23.	...you lost interest in your romantic life?	Yes	No
24.	Are you the kind of person who always had a very limited romantic life?	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

25.	...you lost interest in your hobbies or in playing games or sports?	Yes	No
26.	...you felt indifferent about everything (either positive or negative) that happened to you or your family?	Yes	No
27.	...you lost interest or pleasure in all or almost all the things you usually enjoyed?	Yes	No
28.	If you answered YES to any one of the questions from 1 to 27, were you seriously impaired, worried or troubled by what was happening to you? <i>o I did not answer YES to any of the above questions.</i>	Yes	No
29.	...you felt persistently good or high?	Yes	No
30.	...you (or others) found that your sense of humor and irony were very acute?	Yes	No
31.	...even the smallest thing could make you very enthusiastic?	Yes	No
32.	...you liked to make puns or plays on words?	Yes	No
33.	...you liked to make a lot of jokes, even ones that might have been inappropriate or out of place?	Yes	No
34.	...you were intrusive, insulting, or tactless, or others thought that you were?	Yes	No
35.	...you found it very pleasurable and easy to buy things, even things you didn't need?	Yes	No
36.	...you gave lots of presents, even when you really couldn't afford them?	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

37.	...you were warm, extroverted and sociable and it was very easy to introduce yourself to others or to make new friends?	Yes	No
38.	...you were the kind of person to whom others were attracted because of your confidence, enthusiasm and energy?	Yes	No
39.	...you did a lot of entertaining, either at home or in restaurants?	Yes	No
40.	...you enjoyed being the center of attention or were particularly seductive or flirtatious, as if you were playing a role?	Yes	No
41.	...you had a particularly intense romantic life?	Yes	No
42.	Are you the kind of person who has <u>always</u> had an intense romantic life?	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

43.	...you wore clothing or a hairstyle that was dramatic, extravagant, very high fashion or very unusual?	Yes	No
44.	...you were full of plans or got involved in many projects, jumping from one activity to another?	Yes	No
45.	...you had difficulty saying “no” to business or social opportunities, even when you knew you did not have time for them?	Yes	No
46.	... you frequently (that is, more frequently than is common for your friends or acquaintances) changed... a) your job? b) your place of residence? c) your friends? d) your favorite sports or hobbies?	Yes Yes Yes Yes	No No No No
47.	...you found it very pleasurable and exciting to get involved in dangerous, risky, challenging or emotionally intense activities?	Yes	No
48.	...you tended to do the opposite of what people wanted you to do or to play the devil’s advocate?	Yes	No
49.	...your mood changed rapidly from happy to sad and back again?	Yes	No
50.	...you felt like crying and laughing at the same time?	Yes	No
51.	...you were very irritable, for example: a) even the smallest thing could make you very irritable? b) you found that you were particularly critical or sarcastic? c) you had great difficulty seeing others’ points of view? d) you were unusually argumentative or showed unusual hostility?	Yes Yes Yes Yes	No No No No
52.	...you had trouble controlling your temper, for example: a) you felt that you really needed to even the score? b) you found yourself shouting at people or starting arguments or fights even over minor matters?	Yes Yes	No No

**In the past month, have you had periods of at least 3 days in which...**

53.	...your mood became irritable or elevated when you had a medical problem such as the flu or a cold?	Yes	No
54.	...your mood became irritable or elevated when you took medications (that are not prescribed to change one's mood), such as antibiotics, contraceptives, or steroids?  o <i>I did not take such medications.</i>	Yes	No
55.	...your mood became irritable or elevated when you were abusing (and clearly in relation to) alcohol, sedatives, hypnotics, anxiolytics, other substances, or within a month of withdrawal?  o <i>I did not take such substances.</i>	Yes	No
56.	...your mood became even more irritable or elevated when you increased your use of alcohol, sedatives, nicotine, caffeine, stimulants and similar substances and you were already irritable or high?  o <i>I did not take such substances.</i>	Yes	No
57.	If you answered YES to any of the questions from 29 to 56, were you seriously impaired, worried or troubled by what was happening to you?  o <i>I did not answer YES to any of the above questions.</i>	Yes	No

***The next set of questions refers to your energy and activity level.***

**In the past month, have you had periods of at least 3 days in which...**

58.	...you had difficulty starting to do <u>anything</u> ?	Yes	No
59.	...you felt physically "slowed down," as if every movement was in slow motion?	Yes	No
60.	...your speech or thinking seemed slowed down?	Yes	No
61.	...you experienced time as passing very slowly, hanging heavy?	Yes	No
62.	...you felt passive, sluggish, and failed to take care of your usual commitments and responsibilities?	Yes	No
63.	...you had a lot of trouble getting out of bed in the morning?	Yes	No
64.	...you had difficulty taking care of yourself (for example, you showered less, wore the same clothes, did not put on make-up or shave)?	Yes	No
65.	...you felt fatigued, weak, or tired as though the smallest task (for instance, washing your face or filling the sugar bowl) was an effort and required a great deal of energy?	Yes	No
66.	...even though you had no energy, you found it difficult to sit still or to lie down, or you needed to pace the room or to be constantly in motion?	Yes	No
67.	If you answered YES to any of the questions from 58 to 66, were you seriously impaired, worried or troubled by what was happening to you?	Yes	No

	o <i>I did not answer YES to any of the above questions.</i>		
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***The following questions refer to times when you may have been more energetic than usual.***

**In the past month, have you had periods of at least 3 days in which...**

68.	...you felt an irresistible urge to communicate by phone calls, letters, e-mails or faxes?	Yes	No
69.	...you felt a strong desire to reconnect with people you hadn't seen or spoken with for a long time?	Yes	No
70.	...you were overly talkative, spoke rapidly and loudly, or were difficult to interrupt or had little regard for others' wishes to speak?	Yes	No
71.	...you were so noisy that others complained (for instance, you kept your radio or television very loud)?	Yes	No
72.	...you felt that your ideas came and went unusually easily, as if your thoughts were racing?	Yes	No
73.	...you had so many thoughts and ideas all at once that you found it difficult to express them?	Yes	No
74.	...you found your interest shifting frequently from one thing to another and were easily distracted so that, for example, it was hard to finish a newspaper or magazine article or to watch a television program from beginning to end?	Yes	No
75.	...you spent a lot of time on social, political or religious causes?	Yes	No
76.	...you were very assertive?	Yes	No
77.	...you felt vigorous, much livelier than usual and full of energy?	Yes	No
78.	...you were very impatient?	Yes	No
79.	...you were constantly active and had the pleasant sensation of never getting tired and your energy was so high that it exhausted or irritated others?	Yes	No
80.	If you answered YES to any of the questions 68 to 79, were you seriously impaired, worried or troubled by what was happening to you?  o <i>I did not answer YES to any of the above questions.</i>	Yes	No

***The following questions refer to your thoughts.***

**In the past month, have you had periods of at least 3 days in which...**

81.	...you were hypercritical or skeptical about all the things that people ordinarily value in life?	Yes	No
82.	...you were preoccupied with yourself and your own problems, thoughts and feelings?	Yes	No
83.	...you felt very vulnerable, or you were constantly afraid of doing something wrong?	Yes	No

84.	...you were disappointed in yourself, you felt useless, as if you were without any talent and you couldn't do anything right?	Yes	No
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**In the past month, have you had periods of at least 3 days in which...**

85.	...you felt as if your body were diseased or somehow transformed?	Yes	No
86.	...you were very preoccupied with money even though you didn't have any real financial problems?	Yes	No
87.	...you felt a strong need to take refuge in religion or prayer?	Yes	No
88.	...you had problems with your memory such as finding the right word or remembering things that should have been easy to remember? <i>Note: Not due to medications or a physical illness.</i>	Yes	No
89.	...your housework, child care or your performance at school, work, sports or hobbies deteriorated? <i>Note: Not due to medications or a physical illness.</i>	Yes	No
90.	...you had difficulty making even minor decisions (such as what shirt to wear, what household task to do first)?	Yes	No
91.	...you had a lot of trouble thinking or concentrating, such as trouble taking part in a discussion, reading, writing, doing math, following a television program?	Yes	No
92.	...you felt mentally dull or confused? <i>Note: Not due to medications or a physical illness.</i>	Yes	No
93.	...you felt guilty or remorseful, for example: a) you thought you should be blamed even for problems that others were experiencing? b) you felt you couldn't possibly do enough for your family, employer, co-workers, etc.? c) you thought a lot about things in the past that you wished you had done differently? d) you thought you should be punished for all the wrong things you had done?	Yes Yes Yes Yes	No No No No
94.	...you felt as if others were causing all of your problems?	Yes	No
95.	...you felt surrounded by hostility, as if everybody was against you, for example: a) you thought that everybody accused and hated you? b) you felt as if everybody was looking at you? c) you thought you were being persecuted or that you were wanted by the police?	Yes Yes Yes	No No No
96.	...you felt as if everyone was talking about you?	Yes	No
97.	...you heard voices speaking against you, or voices that were hostile to you or swore at you?	Yes	No
98.	If you heard voices, did you hear those voices clearly? o <i>I did not hear voices.</i>	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

99.	...you thought there was nothing you could do to change the way things were going or you saw the future as very bleak?	Yes	No
100.	...you felt as if you would like to run away from your current life, for example, by getting on the highway and driving away or just getting on a bus or a plane with no destination in mind?	Yes	No
101.	...you used sleep as an escape?	Yes	No
102.	...you thought that life was not worth living?	Yes	No
103.	...you hoped that you would not wake up in the morning, or that you would die in an accident or from something like a heart attack or a stroke?	Yes	No
104.	...you wanted to die or hurt yourself?	Yes	No
105.	If you felt that you wanted to die, did you have a specific plan to hurt or kill yourself? <i>o I did not want to die.</i>	Yes	No
106.	Did you actually try to kill yourself?	Yes	No
107.	If you tried to kill yourself, did you require medical attention? <i>o I did not try to kill myself.</i>	Yes	No
108.	If you answered YES to any of the questions from 81 to 107, were you seriously impaired, worried or troubled by what was happening to you? <i>o I did not answer YES to any of the above questions.</i>	Yes	No

*The following questions refer to times when your thoughts were more positive.*

**In the past month, have you had periods of at least 3 days in which...**

109.	...you (or others) thought you were very artistic and creative?	Yes	No
110.	...you had bursts of inspiration or creativity (for instance, rapidly and easily wrote prose or poetry or composed music, painted, sculpted, or did other crafts)?	Yes	No
111.	...you were particularly sensitive to the forms and harmony in nature?	Yes	No
112.	...you were overly curious and interested in everything and everybody?	Yes	No
113.	...your housework, child care or your performance at school, work, sports or hobbies improved <u>a lot</u> ?	Yes	No
114.	...you felt really good about how you looked?	Yes	No
115.	...you felt you were mentally very sharp, brilliant and clever?	Yes	No
116.	...you felt self-assured, charismatic or tended to assume a leadership role?	Yes	No
117.	...you felt you were always right, incapable of making mistakes and indifferent to criticism?	Yes	No



**In the past month, have you had periods of at least 3 days in which...**

118.	...you thought that you could make decisions for others because you knew their thoughts, intentions, or wishes?	Yes	No
119.	...you felt unappreciated because others did not understand or share your optimistic or imaginative ideas?	Yes	No
120.	...you had unusually high self-esteem, feelings of superiority or unrealistic ideas that you had amazing abilities, talents, knowledge or powers?	Yes	No
121.	...you felt particularly strong and invulnerable, resistant to illnesses and accidents?	Yes	No
122.	...you were unusually spiritual or mystical?	Yes	No
123.	...you felt you had direct access to the truth, could see the grand scheme of things, understand the meaning of existence?	Yes	No
124.	...you heard voices that inspired or praised you?	Yes	No
125.	...you were (or other people judged you to be) irresponsible?	Yes	No
126.	...you made very important decisions (such as selling or buying a house or car, or changing jobs) extremely rapidly?	Yes	No
127.	...you did things such as: a) spending too much money? b) driving recklessly or speeding? c) making foolish business decisions?	Yes Yes Yes	No No No
128.	...you tended to ignore everyday rules and social etiquette or engaged in illegal activities?	Yes	No
129.	...you had mystical experiences or visions?	Yes	No
130.	...you felt like you had ESP?	Yes	No
131.	If you answered YES to any of the questions from 109 to 130, were you seriously impaired, worried or troubled by what was happening to you?  o <i>I did not answer YES to any of the above questions.</i>	Yes	No

*A lot of people have some variation in mood, energy, interest and efficiency over the course of the year or even over the course of the day.*

**In the past month, have you had periods of at least 3 days in which...**

132.	...it was difficult (that is, more difficult than is common for your friends or acquaintances) for you to work or be productive <u>in the early morning</u> ?	Yes	No
133.	...it was difficult (that is, more difficult than is common for your friends or acquaintances) for you to work or be productive <u>in the evening or night</u> ?	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

134.	...you became irritable or had difficulty functioning if your daily routine was disrupted (for instance, if you had to get up, eat or work at a time that wasn't usual for you)?	Yes	No
135.	...you found that your mood, energy, interest and efficiency improved if you were in a regular routine?	Yes	No
136.	...if, for some reason, you got much less sleep than is normal for you, you found that you actually had more energy rather than less the next day?  <i>Note: Do not count travel across time zones in response to this question.</i>	Yes	No
137.	Are you the kind of person whose mood, energy and physical well-being change: a) in a dependable way in response to the weather (for example, when it is sunny, rainy, humid or cold)? <i>If YES, did it happen in the past month? <input type="radio"/> Yes <input type="radio"/> No</i> b) in a <u>specific</u> season of the year or with the <u>change</u> of seasons? <i>If YES, did it happen in the past month? <input type="radio"/> Yes <input type="radio"/> No</i> c) when you travel across more than 4 time zones? <i>If YES, did it happen in the past month? <input type="radio"/> Yes <input type="radio"/> No</i> <i><input type="radio"/> I did not travel across more than 4 time zones in the past month.</i> d) over the course of your menstrual cycle? <i>If YES, did it happen in the past month? <input type="radio"/> Yes <input type="radio"/> No</i> <i><input type="radio"/> I did not have menstrual cycles in the past month.</i>	Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

***The following questions refer to changes in your sleep that occurred at times other than when you were physically ill, taking medications that affect sleep, or (if female) when you were pregnant.***

**In the past month, have you had periods of at least 3 days in which...**

138.	...you felt sleepy all the time?  <i>Note: Not due to work schedules.</i>	Yes	No
139.	...you repeatedly had difficulty falling asleep?  <i>Note: Not due to work schedules.</i>	Yes	No
140.	...you repeatedly woke up in the middle of the night and had difficulty falling asleep again?  <i>Note: Not due to work schedules.</i>	Yes	No
141.	...you repeatedly woke up much earlier than you wanted to, and were unable to go back to sleep?  <i>Note: Not due to work schedules.</i>	Yes	No
142.	...you needed much more sleep than usual either at night or during the day?  <i>Note: Not due to work schedules.</i>	Yes	No

**In the past month, have you had periods of at least 3 days in which...**

143.	...you went for days without sleeping or with much less sleep than usual but didn't feel tired?	Yes	No
144.	...you had a lot of difficulty sleeping before or after stimulating physical, social, or professional activities (such as a vacation or a trip, or starting a new school year or a new work assignment)?	Yes	No

*Some people find that their sleep changes a lot either in a particular season of the year, or when the seasons change, or when they travel across time zones, or (if female) over the course of the menstrual cycle.*

145.	Does the quality of your sleep or your need for sleep usually <u>increase</u> in a particular season of the year or during the change of seasons? <i>If YES, did it happen in the past month?    <input type="radio"/> Yes    <input type="radio"/> No</i>	Yes	No
146.	Does the quality of your sleep or your need for sleep <u>increase</u> when you travel across at least 4 time zones? <i>If YES, did it happen in the past month?    <input type="radio"/> Yes    <input type="radio"/> No</i> <i><input type="radio"/> I did not travel across more than 4 time zones in the past month.</i>	Yes	No
147.	Does the quality of your sleep or your need for sleep <u>decrease</u> when you travel across more than at least 4 time zones? <i>If YES, did it happen in the past month?    <input type="radio"/> Yes    <input type="radio"/> No</i> <i><input type="radio"/> I did not travel across more than 4 time zones in the past month.</i>	Yes	No
148.	Does the quality of your sleep or your need for sleep <u>increase</u> over the course of the menstrual cycle? <i>If YES, did it happen in the past month?    <input type="radio"/> Yes    <input type="radio"/> No</i> <i><input type="radio"/> I did not have menstrual cycles in the past month.</i>	Yes	No
149.	Does the quality of your sleep or your need for sleep <u>decrease</u> over the course of the menstrual cycle? <i>If YES, did it happen in the past month?    <input type="radio"/> Yes    <input type="radio"/> No</i> <i><input type="radio"/> I did not have menstrual cycles in the past month.</i>	Yes	No

*The following questions refer to changes in your appetite, sexual interest or experiences, or to physical symptoms that you may have experienced. We are only interested in changes that may have occurred at times other than when you were pregnant, nursing, physically ill or taking medications.*

**In the past month, have you had periods of at least 3 days in which...**

150.	...there was no food that appealed to you or tasted good to you?	Yes	No
151.	...you constantly craved sweets or carbohydrates?	Yes	No
152.	...your appetite or weight <u>increased</u> ?	Yes	No
153.	...your appetite or weight <u>decreased</u> ?	Yes	No

*The following questions are about changes in your sexual interest or experiences.*

**In the past month, have you had periods of at least 3 days in which...**

154.	...you were less sexually active than is typical for you?	Yes	No
155.	...you had difficulty becoming sexually aroused?	Yes	No
156.	...you had difficulty achieving orgasm?	Yes	No
157.	...you were more interested in sex?	Yes	No
158.	...you frequently changed sexual partners?	Yes	No

*The following questions are about some physical symptoms you may have experienced.*

**In the past month, have you had periods of at least 3 days in which...**

159.	...you repeatedly had distressing physical symptoms, for instance: a) frequent headaches? b) your mouth felt dry? c) you were constipated? d) you had nausea or other stomach or bowel problems?	Yes Yes Yes Yes	No No No No
160.	...you were more sensitive or less sensitive than usual to heat, cold or pain?	Yes	No
161.	If you answered YES to any of the questions from 132 to 160, were you seriously impaired, worried or troubled by what was happening to you?  o <i>I did not answer YES to any of the above questions.</i>	Yes	No