**Bipolar Disorder Group Therapy Intake Questionnaire**

Your answers on this questionnaire will help us determine if our group is a good fit for you. Completing it will shorten the intake interview, saving you money. Leave blank anything you prefer not to answer.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip Code

Phone Number(s):

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Messages: \_\_ ok \_\_ discrete only \_\_ not ok \_\_ text ok

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Messages: \_\_ ok \_\_ discrete only \_\_ not ok

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

What **pronouns** should we use to refer to you? (**Bold**/circle/write)

she/her/her he/his/him they/their/them xe/xyr/xem \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you describe your **relationship status**? (**Bold**/circle/write)

single, never married married living with romantic partner(s)

divorced/separated widowed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of **Children**: \_\_\_ biological \_\_\_ adopted \_\_\_ step

Highest level of **education**:

\_\_\_ Grammar or middle-school \_\_\_ 2-year college degree

\_\_\_ Some high school \_\_\_ 4-year college degree

\_\_\_ High school graduate or equivalent \_\_\_ Professional/graduate degree

\_\_\_ Some college

**Occupation** (most recent if not currently working): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current **work status**: \_\_\_ Employed full-time \_\_\_ Employed part-time \_\_\_ Medically disabled

\_\_\_ Student \_\_\_ Unemployed \_\_\_ Retired

Are you (check all that apply):

\_\_\_ On probation or parole \_\_\_ Applying for social security disability

\_\_\_ Court-ordered to treatment or classes \_\_\_ Involved in a dispute over custody of children

What do you hope to get out of this therapy group? Why are you interested in it/what are your goals?

1.

2.

3.

**Has a health professional diagnosed you with a mood disorder?** No Yes

IF YES: When and by whom were you diagnosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NO: What makes you suspect that you have a bipolar disorder?

**HEALTH, HEALTH-RELATED BEHAVIORS, & TREATMENTS**

Current and/or chronic non-psychiatric medical conditions (e.g., hypothyroidism; high blood pressure):

What are your current **exercise** habits?

How would you describe your **diet/nutrition**? (Circle all that apply; add notes as desired)

Balanced Nutritious Adequate Underfed Frequently hungry A lot of “junk” food

Vegetarian Vegan Gluten-free Dairy-free Low-sugar/carb Low-fat Paleo

How would you describe your **sleep?** Include how many hours you get in a typical 24-hour day.

Have you ever had a concussion or lost consciousness? Please describe (include age/year if known):

What mood-altering **substances** do you *currently* use?

|  |  |  |
| --- | --- | --- |
|  | How often? (e.g., daily, 3 times/week, 1/month) | How much? (e.g., 1 pack cigs; 6 beers) |
| Tobacco/nicotine |  |  |
| Alcohol |  |  |
| Caffeine (tea, soda, coffee, energy drinks) |  |  |
| Other (specify, e.g., marijuana, cocaine, LSD, mushrooms) |  |  |

*CURRENT* psychiatric and non-psychiatric **medications** (prescription, over the counter, & herbal):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Dose | Why taking it? | Name | Dose | Why taking it? |
| *Sample* | *20 mg* | *Ulcer* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Who is *currently* prescribing your psychiatric medications (if any)?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Current* Psychotherapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Current* Support/Therapy Groups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other *Current* Treatment Providers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Past* Psychiatric Hospitalizations (list *when*, *where*, and *why/for what*):

**HISTORY OF MOOD SYMPTOMS**

# Depression

Have you experienced distinct periods of depression, lasting *at least 2 weeks*? \_\_\_Yes \_\_\_No

Which symptoms have you experienced *when depressed*? (check all that apply)

\_\_\_ Feel sad, blue, or down in the dumps

\_\_\_ Lose interest and/or can’t take pleasure in things

\_\_\_ Significant change in appetite (increase or decrease) and/or significant weight gain or loss

\_\_\_ Get too little sleep (insomnia), or sleep too much (hypersomnia)

\_\_\_ Feel slowed down in my movements, or very fidgety and restless

\_\_\_ Feel fatigued or low in energy

\_\_\_ Feel worthless, and/or very guilty about things

\_\_\_ Am unable to concentrate, and/or have trouble making even small decisions

\_\_\_ Think about death and/or killing myself, or made plans or took actions to kill myself

How many *separate times* have you had a period of *two weeks or more* when you experienced 5 or more of the above symptoms at the same time: \_\_\_\_\_\_\_\_

List the approximate dates of these depressive episodes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mania/Hypomania

Have you ever had a time when you were not your usual self, and your *mood was very high* (elevated, expansive, euphoric) *or very irritable*? \_\_\_Yes \_\_\_No

If yes, which of the following have you experienced *when feeling this way*? (check all that apply)

\_\_\_ Feel much more self-confident than usual

\_\_\_ Get much less sleep than usual and still feel rested

\_\_\_ Am much more talkative than usual, or speak much faster than usual

\_\_\_ Have thoughts racing through my head, or can’t slow down my mind

\_\_\_ Am so easily distracted by things around me that I have trouble focusing or staying on track

\_\_\_ Have much more energy than usual

\_\_\_ Am much more active, or do many more things (activities, projects) than usual

\_\_\_ Am much more social or outgoing than usual, for example, telephoning friends in the middle of the night

\_\_\_ Am much more interested in sex than usual

\_\_\_ Do things that are unusual for me or that other people might think are excessive, foolish, or risky

\_\_\_ Spend excessive money that gets me or my family into trouble

How many *separate times* have you had a period of *4 days or more* when you experienced high or irritable mood, and had 3 or more of the above symptoms at the same time: \_\_\_\_\_\_\_\_

List the approximate dates of these manic/hypomanic episodes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like to share in writing?