

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 Z	ip Code	
Phone Number(s):					
Mobile: N	Aessages:	ok discrete o	only not	ok text ok	
Other: N	Aessages:	ok discrete o	only not	ok	
Date of birth: Age:	Gender	:			
What pronouns should we use to refer to you' she/her/her he/his/him they/their					
How do you describe your relationship status single, never married married li divorced/separated widowed	iving with ron	nantic partner(s)			
Number of Children : biological ad	dopted	step			
Highest level of education:					
Grammar or middle-school	2-у	ear college degi	ree		
Some high school	4-y	-year college degree			
High school graduate or equivalen Some college		ofessional/gradu			
Occupation (most recent if not currently work	king):				
Current work status: Employed full-tim Student		loyed part-time nployed		dically disabled ired	
Are you (check all that apply):					
On probation or parole Court-ordered to treatment or classes		plying for sociation of the social of the social of the social sector of		isability tody 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 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):

	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)		

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

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 <i>currently</i> prescribing your	osychiatric medications (in	f 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:

<u>Mania/Hypomania</u>

Have you ever had a time when you wer	e 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, <u>and</u> 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?