MDQ-A
Mood Disorders Center Questionnaire - Adult

Allergies: _____
Emergency contact _____
Today's date: _____ Referred by: _____

Patient's Name_____

Date of birth ____/____/_____ Gender_____ Marital Status_____

Address_____

City_____ State _____ ZIP_____-_____

Home (___)_____-_____ Work (___)____-____x____ Mail____

Fax (___)_____-_____x_____ E-Mail _____

Cellular (___)____-_____Page (___)_____-_____

PLEASE CIRCLE HOW YOU PREFER TO BE CONTACTED IN CASE OF NEED

Current Psychiatrist_____ Tel_(___)____-_____x____

Current Therapist_____ Tel_(___)____-_____x____

Current psychiatric diagnosis _____

Past psychiatric diagnoses_____
_____

Medical History_____
_____

Neurological History_____
_____

History of head trauma_____ Date_____ Loss of Consciousness: Y/N__

Seizure disorder___ Abnormal EEG__ Date_____ Abnormal MRI/CT_____

SUBSTANCE USE HISTORY

What	First use	Most used/day	How long used	Last use

PAST and CURRENT TREATMENT

Medication	Started	Dose/day	How taken	Target sx	Side Effects	Benefits

FAMILY HISTORY

Family Index of Risk for Mood (FIRM)

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	☐	☐	☐	☐	☐
Alcohol/Drug Problems	☐	☐	☐	☐	☐
Mental Hospital	☐	☐	☐	☐	☐
Depression Problems	☐	☐	☐	☐	☐
Manic or Bipolar	☐	☐	☐	☐	☐

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

PERINATAL HISTORY

Pregnancy: Events (bleeding, eclampsia, etc.)_____

Use of Prescription Medications? _____

Alcohol: _____ (If yes) How much? _____How often? _____ How long?_____

Drugs_____ (If yes) How much? _____How often? _____ How long?_____

Tobacco_____ (If yes) How much? _____How often? _____ How long?_____

Labor: Spontaneous? ___; Induced with _____; Duration: _____; Fetal Distress_____

Merconium reported? _____; Child jaundiced? _____; Extended Hospitalization? _____

Delivery: Week ____; Vaginal _____; C-section _____; Wt. _____Length _____Color _____

Apgar scores: 1'_____ 5'_____

INFANCY and CHILDHOOD

Please mark all that applies (or has applied) to your child. (Indicate in months as 3m= 3 months; and years as 3 = 3 years.) Don't know (D/K) is OK.

Age (in years/months) Child First:

Smiled _____; Held Up Head _____; Turned Over _____; Crawled _____;

Walked_____; Ran _____; Spoke first word _____; Spoke a sentence _____;

Used language to meet own needs _____.

TREATMENT HISTORY

Age of: Onset of symptoms that caused your parents to be concerned or alarmed _____
Initial consultation with medical/mental health professional _____
Onset of treatment (psychological/pharmacological/other) _____

Number of medical/mental health professional consulted *prior* to current evaluation:
MD_____ PhD_____ PsyD _____ MSW_____ Other_____

PAST PSYCHIATRIAC DIAGNOSES: (check all that apply):

___ Attention Deficit ___ with hyperactivity or ___ without hyperactivity

___ Bipolar Disorder ___Aspergers Syndrome

___ Separation Anxiety Disorder ___ Oppositional/Defiant Disorder (ODD)

___ Conduct Disorder (CD) ___ Tourettes Syndrome

___ Learning Disability ___ Psychosis

___ Major Depression ___ Schizophrenia

___ Dysthymia ___ Personality Disorder

___ Eating Disorder ___ Schizoaffective Disorder

___ Panic Disorder ___ Obsessive/Compulsive Disorder (OCD)

___ Post Traumatic Stress Disorder (PTSD) ___ Generalized Anxiety Disorder (GAD)

___ School Phobia ___ Social Phobia

___ Pervasive Developmental Disorder (PDD) ___ Autism

___ Mental Retardation ___ None

___Other: _____

CURRENT PSYCHIATRIC DIAGNOSES:

_____

_____

_____

Symptoms of Early Childhood (Birth to 3 years):

Indicate the age (month and/or years) when someone first observed the symptom, and when it was first treated).

Please write: **NA** if not applicable; **D/K** if don't know exact age; **N/T** if never treated.

Symptom	First Observed	First Treated	Describe
Clingy			
Separation anxiety			
Shy			
Uneasy			
Poor eater			
Fearful			
Colicky			
Fussy			
Intense emotions			
Poor sleeper			
Wakes-up often			
Hard to settle			
Inconsolable			
Temper tantrums			
Irritable			
Excitable			
Likes stimulation			
Oversensitive			
Startles			
Easily annoyed			
Over-reactivity			
Feisty, aggressive			
Strong willed			
Restless/hyperactive			
Energetic			
Physically strong			
Precocious			
Loud			
Cries a lot			
Social Anxiety			
Other			

CHILDHOOD - ADOLESCENCE (3-18) or ADULT (18 and up)

Please mark all that applies (or has applied) to you.
Indicate the age when symptom was first observed, and when it was first treated.

Please write: **NA** if not applicable; **D/K** if don't know exact age; **N/T** if never treated

Symptom	First Observed	First Treated	Describe
General:			
Headaches			
Migraine headaches			
Multiple physical complaints			
Ear infections			
Gastrointestinal symptoms:			
Cramps			
Diarrhea			
Nausea			
Vomiting			
Indigestion			
Sleep:			
Trouble falling asleep			
Fights going to sleep			
Needs little sleep			
Never naps			
Irritable after naps			
Interrupted sleep			
Nightmares			
Night terrors			
Trouble waking up			
Sleepwalking			
Increased sleep			
Decreased sleep			
Bedwetting			
Likes white noise			
Fixed bedtime routine			
Diurnal mood variations:			
Likes to stay up late			
More alert, energetic in pm			
Irritable, dull, groggy in am			
Poor appetite in am good in pm			
***Appetite and weight**:*			
Weight varies a lot			
Appetite varies a lot			
Cravings for sweets/carbohydr			
Cravings for salty foods			

Please write: **NA** if not applicable; **D/K** if don't know exact age; **N/T** if never treated

Symptom	First Observed	First Treated	Describe
Antisocial Oppositional Beh			
Lack of remorse for wrongdoin			
Fire starting			
Mischievous			
Lies or steals for reward			
Defiant of/opposes authority			
Truant, ignores curfews			
Fights with weapon			
Fights without weapon			
Gang membership			
Theft with no victim confrontati (ex. shoplifting)			
Theft with victim confrontation (ex.purse snatching)			
Legal difficulties			
Criminal behavior			
Cognitive:			
Daydreaming			
Vivid imagination			
Racing/crowded thoughts			
Unable to concentrate			
Distractible			
Inattentive			
Disorganized			
Inefficient			
Inconsistent			
Aggression:			
Stubborn, rigid, willful			
Demanding, want things their v			
Blames, belittles others			
Domineering, bullies, intin others			
Makes threats or is verbally ab			
Destruction of property			
Harm to pets			
Multiple physical fights/injuries (due to fights)			
Runs away overnight			
Impulse Control:			
Lies impulsively			
Drug use/abuse, alcohol use/a			
Running away from home			
Unable/unwilling to wait turn			
Intrusive and inappropriate			
Promiscuity (social, sexual)			
Daredevil behaviors			
Multiple physical trauma			
Shoplifting			

Please write: **NA** if not applicable; **D/K** if don't know exact age; **N/T** if never treated

Depressed:	**First Observed**	**First Treated**	**Describe**
Sad, low self-esteem, bored, rarely smiles			
Pensive, melancholic, voices self-blame or criticism, guilt			
Puts self down			
Blames self			
Euphoric:			
Giddy, silly, jokes, smiles			
Grandiose, pompous, self-imp			
Euphoric mood (brief)			
Euphoric mood (extended)			
Irritable/Dysphoric:			
Upset			
Dissatisfied			
Temper tantrums			
Angry			
Hostile			
Distrustful			
Resentful			
Touchy			
Short-tempered			
Argumentative			
Irritable mood (brief)			
Irritable mood (extended)			
Dysphoric, sad mood (brief)			
Dysphoric, sad mood (extende			
Reactivity:			
Excitable			
Likes stimulation			
Oversensitive			
Startles			
Easily annoyed			
Over-reactivity			
Cannot calm down easily			
Anxiety:			
Afraid of separating parent/caretaker			
Reports overwhelming anxiety			
Fearful of darkness			
Fearful of insects			
Fearful of animals			
Fearful of heights			
School Phobia			
Social Phobia			
Obsessive traits (describe)			
Compulsive traits (describe)			
Other fears			

Please write: **NA** if not applicable; **D/K** if don't know exact age; **N/T** if never treated

History of trauma:	**First Observed**	**First Treated**	**Describe**
Please describe trauma(s)			
Remembers vividly trauma			
Recurrent dreams of trauma			
Flashbacks of trauma			
Activity:			
Talks fast			
Talks non stop			
Loud			
Interrupts others			
Blurts out comments			
Rushed answers to questions			
Fidgety			
Unable to sit still			
Constantly leaves seat in class			
Increased energy level			
Busy; 'On the go'			
Hyperactive			
Restless; Agitated			
Wild; Risk-taking behavior			
Mute			
More withdrawn than usual			
Severe fatigue			
Psychosexual:			
Age at menarche (first Menstruation, if applicable)			
Precocious sexual interest			
Sexual self-stimulation			
Sexual behavior			
Uses sexually explicit languag			
Eating disorder:			
Anorexia			
Bulimia			
Binge eating			
Weight varies a lot			
Appetite varies a lot			
Cravings for sweets, carbohyd			
Cravings for salty food			
Self-harm:			
Morbid thoughts			
Death wishes			
Voiced suicidal ideation			
Made suicidal threats			
Self harm			
Attempted suicide			

Please write: **NA** if not applicable; **D/K** if don't know exact age; **N/T** if never treated

Thermoregulation:			
Always hot			
Always cold			
Sleeps in cold room			
High tolerance for cold			
Agitated by heat			
Wakes up in a sweat			
Insight and Judgment:	**First Observed**	**First Treated**	**Describe**
Denies illness			
Poor judgment			
Noncompliance			
Psychosis:			
Grandiose delusions: special powers or knowledge			
Paranoid delusions: persecutic mistreatment, abuse, punishm			
Depressive delusions: guilt, shame, blame, sin, ruin			
Nihilistic delusions: annihilatior death, morbid, hypochondriac			
Hallucinations: Auditory, Olfactory, Tactile, Taste, Move			
Disorganized or extremely agitated behavior			
Talking incoherently, repeating words/sounds			
Incontinence and other bizarre behaviors around bodily functi			
Self-harm secondary to delusic ideation or hallucinations			
Violent behavior towards objec pets, others			
Bizarre rituals and compulsive activities			
Odd or strange behavior (desc			
Tics:			
Vocal			
Verbal			
Motor			
Combined			

ONSET
Describe the onset of symptoms:
Gradual, subtle _____
Acute, sudden _____
Describe any precipitant: _____
Describe the main symptoms at onset:
_____
TEMPER TANTRUM
Please give a brief description of behavior during a temper tantrum/outburst (if present): how were you different from your baseline? _____
_____
Facial expression _____
Physical changes _____
Makes distinctive noise _____
Characteristic movements _____
GIFTED
Describe your gifts and natural talents as a child:
_____
_____
DURATION OF SYMPTOMS
Please describe (circle) the usual duration of:
Rages <15' <1hr <6hr <24hr <3d <1wk <1mo <1y >1y
Anxiety <15' <1hr <6hr <24hr <3d <1wk <1mo <1y >1y
Sadness <15' <1hr <6hr <24hr <3d <1wk <1mo <1y >1y
Restlessness <15' <1hr <6hr <24hr <3d <1wk <1mo <1y >1y
Giddiness <15' <1hr <6hr <24hr <3d <1wk <1mo <1y >1y
Psychosis <15' <1hr <6hr <24hr <3d <1wk <1mo <1y >1y

CYCLING
Describe how often you cycle, and describe the two extremes or opposites:
More than daily_____
Daily_____
More than weekly_____
Weekly_____
Biweekly_____
Monthly_____
Bimonthly_____
Seasonally_____
Other_____

ADDITIONAL COMMENTS

_____
_____
_____
_____
_____
_____
_____

Thank you for completing the form, please return the completed material to

Mood Disorders Center
245 East 50th Street, Suite 2A
New York, NY 10022
Tel (212) 644-3111; Fax (212) 644-3119

