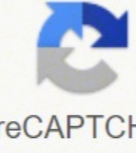


I'm not robot  reCAPTCHA

[Continue](#)

Bipolar Disorder Checklist

This checklist is designed as a measure of disorder symptomatology. It must be interpreted in the context of individual client circumstances and as such should be used only in combination with a comprehensive medical and clinical assessment. It is **NOT** a stand-alone diagnostic tool.

If a patient experiences **Manic (or Hypomanic)** and **Depressive Episodes**, they may meet criteria for a diagnosis of **Bipolar Disorder**. The criteria for each episode type include:

- | | |
|--|--|
| <p>Depressive Episode</p> <ul style="list-style-type: none"> <input type="radio"/> Feeling low, irritable or appearing tearful <input type="radio"/> Reduced interest or pleasure in most activities <input type="radio"/> Marked increase or decrease in appetite, or significant weight loss <input type="radio"/> Difficulties sleeping and waking <input type="radio"/> Increased agitation or lethargy <input type="radio"/> Fatigue <input type="radio"/> Feeling worthless or guilty <input type="radio"/> Less able to make decisions or concentrate <input type="radio"/> Recurrent thoughts of death or suicide <p>If a patient has experienced 5 or more of these symptoms most of the day, nearly every day, over at least a 2 week period, they may be experiencing a Major Depressive Episode.</p> | <p>Manic or Hypomanic Episode</p> <ul style="list-style-type: none"> <input type="radio"/> Inflated self-esteem and grandiosity <input type="radio"/> Decreased need for sleep <input type="radio"/> More talkative than usual <input type="radio"/> Flight of ideas or racing thoughts <input type="radio"/> Distractibility <input type="radio"/> Increase in goal-directed activity <input type="radio"/> Excessive involvement in risky activities (e.g. overspending, sexual indiscretions, foolish investments) <p>If a patient has experienced 3 or more of these symptoms most of the day, nearly every day, over at least a 1 week period (and the behaviour and level of functioning is uncharacteristic of the person's normal state), they may be experiencing a Manic Episode.</p> <p>If the episode lasts less than 1 week but at least 4 consecutive days, they may be experiencing a Hypomanic Episode.</p> <p>If a patient has experienced at least 1 Manic Episode, they may meet criteria for a diagnosis of Bipolar I Disorder. If a person has experienced at least 1 Hypomanic Episode followed by a Major Depressive Episode, they may meet criteria for a diagnosis of Bipolar II Disorder.</p> |
|--|--|

In either case, it is recommended that the patient be referred to a psychologist for a more comprehensive assessment. To book an appointment with a psychologist, contact Strategic Psychology on (02) 6262 6157 or email support@strategicpsychology.com.au.

Reference:
American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washington, D.C.: American Psychiatric Association.

Sydney Building, Level 1,
Suite 2, 99 London Circuit
Canberra City ACT 2601

(02) 6262 6157 (02) 6248 6121
support@strategicpsychology.com.au
www.strategicpsychology.com.au

Merikangas, K. R., J. P. He, M. Burstein, S. A. Swanson, S. Avenevoli, L. Cui, C. Benjet, K. Georgiades, and J. Swendsen. 2010. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry* 49(10):980-989.

Nock, M. K., A. E. Kazdin, E. Hiripi, and R. C. Kessler. 2007. Lifetime prevalence, correlates, and persistence of oppositional defiant disorder: Results from the National Comorbidity Survey Replication. *Journal of Child Psychology and Psychiatry* 48(7):703-713.

NRC and IOM (National Research Council and Institute of Medicine). 2009. *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press.

NSCH (National Survey of Children's Health). 2007. Data query from the Child and Adolescent Health Measurement Initiative. <http://childhealthdata.org/browse/survey/results?q=1213> (accessed August 3, 2015).

NSCH. 2012a. Data query from the Child and Adolescent Health Measurement Initiative. <http://childhealthdata.org/browse/survey/results?q=2409&cr=1> (accessed August 3, 2015).

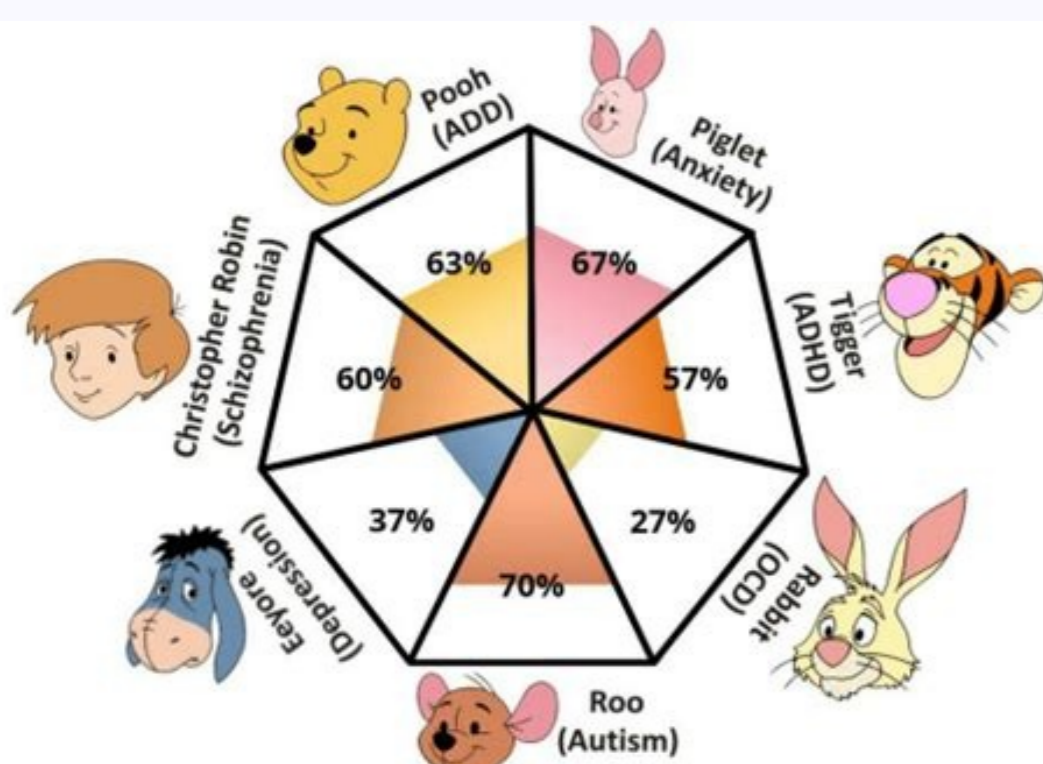
NSCH. 2012b. Data query from the Child and Adolescent Health Measurement Initiative. <http://childhealthdata.org/browse/survey/results?q=2413&cr=1> (accessed August 3, 2015).

O'Laughlin, E. M., J. L. Hackenberg, and M. M. Rissardi. 2010. Clinical usefulness of the oppositional defiant disorder rating scale (ODDRS). *Journal of Emotional and Behavioral Disorders* 18(4):247-255.

Perou, R., R. H. Binsko, S. J. Blumberg, P. Pastor, R. M. Ghandour, J. C. Gfroerer, S. L. Hadden, A. E. Crosby, S. N. Visser, and L. A. Schieve. 2013. Mental health surveillance among children—United States, 2005–2011. *Morbidity and Mortality Weekly Report* 62(Suppl 2):1-35.

U.S. Census Bureau. 2014. Total population by child and adult populations. <http://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=1&loc1=1#detailed/1/any/false/3,5,18,17,16,15/39,41/416,417> (accessed November 14, 2014).

U.S. Census Bureau. 2015. CPS table creator. www.census.gov/cps/data/cpstablecreator.html (accessed July 13, 2015).



We should all post our winnie the pooh mental illness quiz results

