

Mood Assessment - Teen

Client Name: _____

Date: _____

Over the past 2 weeks, how often have you:

	None or little of the time	Some of the time	Most of the time	All of the time
Been feeling low in energy, slowed down?				
Been blaming yourself for things?				
Had a poor appetite?				
Had difficulty falling or staying asleep?				
Been feeling hopeless about the future?				
Been feeling blue?				
Been feeling no interest in things?				
Had feelings of worthlessness?				
Thought about or wanted to commit suicide?				
Had difficulty concentrating or making decisions?				
Been more irritable than usual?				

Has there ever been a period of time when you were not your usual self and...

	Yes	No
...you felt so good or so hyper that other people thought you were not your normal self or you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...felt much more self-confident than usual?		
...you got much less sleep than usual and found you didn't really miss it?		
...you were much more talkative or spoke much faster than usual?		
...thoughts raced though your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had much more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...spending money got you or your family in trouble?		
...you did things that were unusual for you or that other people might have thought excessive, foolish or risky?		
If you checked yes to more than one of the above, have several of these ever happened during the same time period?		

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How much of a problem did any of the previous cause you - like being unable to go to school; have legal troubles; getting into arguments or fights?

Please check one response only:

- No Problem Moderate Problem
 Minor Problem Serious Problem

These questions are about things you may have felt most days in the past six months

	Yes	No
Most days I feel very nervous		
Most days I worry about lots of things		
Most days of cannot stop worrying		
Most days my worry is hard to control		
I feel restless, keyed up or on edge		
I get tired easily		
I have trouble sleeping		
I have trouble concentrating		
I am easily annoyed or irritated		
My muscles are tense and tight		
Did the things you noted above affect your daily life (home, school or leisure) or cause you a lot of distress?		