## Bipolar Symptoms -- Past 2 Weeks (Pick the most symptomatic 7-day period)

### MANIC SYMPTOMS -- PAST 2 WEEKS

- **FULL:** Significant part of the day for at least 4 days
- **SUB:** > 4 hrs in 24 hr period or multiple brief periods throughout the week

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Full</th>
<th>Sub</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated, expansive mood</td>
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<tr>
<td>Irritability when elevated</td>
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### DEPRESSIVE SYMPTOMS -- PAST 2 WEEKS

- **FULL:** Most of the day, nearly every day
- **SUB:** Part of the day at least 3 days out of the week

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Full</th>
<th>Sub</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Depressed mood</td>
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<tr>
<td>Irritability when depressed</td>
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<tr>
<td>Anhedonia/decreased interest</td>
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</tbody>
</table>

### Associated with Mood/ Anhedonia

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Full</th>
<th>Sub</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Insomnia</td>
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<tr>
<td>Hypersomnia</td>
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<tr>
<td>Appetite increase</td>
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<tr>
<td>Appetite decrease</td>
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<tr>
<td>Poor concentration or indecisiveness</td>
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<tr>
<td>Worthlessness or guilt</td>
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<tr>
<td>Fatigue, decreased energy</td>
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</tbody>
</table>

### Psychomotor change with mood/ anhedonia

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Full</th>
<th>Sub</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitation</td>
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<tr>
<td>Retardation</td>
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</tbody>
</table>

### Psychosis -- PAST 2 WEEKS

- **No Psychosis**

<table>
<thead>
<tr>
<th>Hallucinations</th>
<th>Definite</th>
<th>Probable</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delusions</td>
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</table>

### Last 2 Wks

- Since last appt.

**During the past two weeks, criteria was met for (not due to substance or medical condition):**

- **Manic Episode**
  1. Elevated mood plus 3 symptoms (sx) or irritable mood plus 4 sx present for a significant time nearly every day for >= 7 days.
  2. Marked impairment or psychosis or hospitalization (if hospitalization, can be < 7 days).

- **Mixed Episode**
  Criteria for mania and major depression present for a significant time nearly every day.

- **Hypomanic Episode**
  1. Elevated mood plus 3 symptoms or irritable mood plus 4 symptoms present for a significant time for at least 4 days.
  2. Change in functioning.

- **Subthreshold Manic Sx (BP NOS)**
  1. Elation + 3 sx or irritability + 4 sx for > 4 hrs in any 24 hr period.
  2. Change in functioning.

- **Major Depressive Episode**
  Depressed mood (can be irritable for children) or anhedonia with at least 5 total symptoms present for a significant time nearly every day for a 2-week period.

- **Subthreshold Depressive Episode (Dep NOS)**
  Significant depressive sx part of the day for most days out of the week for at least one week.

**See P. 2 for Recurrent Thoughts of Death/ Suicidality**
Suicidal Ideation

Please assess suicidal ideation and record most severe ideation level in past 2 weeks (P2W) and most severe level (MSL) since last visit.

P2W MSL
0 0
Thoughts of Their Death (Wish to be Dead): Subject endorses thoughts about their own death, including any of the following: a wish to be dead, thoughts that life is not worth living or the world would be better off without him/her, wish to fall asleep and not wake-up, thoughts of what it would be like if he/she were to die.

Vague Active Suicidal Thoughts: Vague thoughts of wanting to kill self ("I want to kill myself") without thoughts of associated methods during the assessment period.

Active Suicidal Ideation with Associated Thoughts of Method Without Intent: Subject endorses thoughts of suicide and has thought of at least one specific method during the assessment period. This is different than a specific plan with details having been thought of, such as time, place or method. One could use pills, gun, etc. However, subject has absolutely no intent to commit suicide, "I have the thoughts but I definitely will not do anything about them."

Active Suicidal Ideation with Some Intent to Act on Suicidal Thoughts Without Clear Plan: Active suicidal thoughts of killing oneself with some associated thoughts of methods and subject reports having some intent to act on such thoughts, however, subject does not have details of plan or clear intent to commit suicide.

Active Suicidal Ideation with Plan and Intent: Thoughts of killing oneself with details of plan considered or partially worked out and subject has some intent to carry it out.

Number of days since the last occurrence of rated ideation.

Suicidal Behavior

Please assess suicidal behavior and record behavior level in past 2 weeks (P2W) and most severe level (MSL) since last visit.

Do not include self-injurious behavior performed without any suicidal intent.

P2W MSL
0 0
Nonsuicidal: No suicidal behavior present during the assessment period.

Preparatory Acts or Behavior Communicating Ideation: Preparatory acts such as giving things away, writing a will, suicide note or behavior communicating ideation such as writing in a notebook desire to be dead.

Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by someone or something else.

Interrupted Attempt: Our definition of an interrupted attempt is when the person is interrupted (by an outside circumstance) from starting the self-injurious act. Here are some examples according to method:

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest even one pill, this becomes an attempt rather than an interrupted attempt.

Shooting: Person has gun pointed toward themselves, gun is taken away by someone else, or is somehow prevented from pulling the trigger.

Jumping: Person is poised to jump, is grabbed and taken down from ledge.

Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Actual Attempt: A self-injurious act committed with at least some intent to die. Intent does not have to be 100%. If there is any intent to die associated with the act, then it can be considered an actual suicide attempt. Sometimes, even if an individual denies intent, we can infer it clinically from the behavior or circumstances. For example, if someone denies the intent to die, but they thought that what they did could be lethal, we often infer intent.

Multiple Attempts: More than one actual attempt.

Number of days since the last occurrence of rated behavior.
### CGI-BP Severity -- Worst 7 day period in PAST 2 WEEKS

<table>
<thead>
<tr>
<th>Mania</th>
<th>Depression</th>
<th>Overall BP Illness</th>
<th>Overall Psych Illness (including comorbidities)</th>
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</thead>
<tbody>
<tr>
<td>Normal, Not Ill (1) (no sx, not at all ill)</td>
<td>⬜️</td>
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<td>Minimally Ill (2) (minimal sx, continued effective functioning)</td>
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<td>Mildly Ill (3) (low level sx, subjective distress, little to no functional impairment)</td>
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<tr>
<td>Moderately Ill (4) (some prominent sx, moderate functional impairment)</td>
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<td>Markedly Ill (5) (significant sx, very substantial functional impairment)</td>
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<td>Severely Ill (6) (very notable sx, unable to function in most areas)</td>
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<td>Very Severely Ill (7) (extreme sx, completely incapacitated, requiring extra care)</td>
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Since the last appointment, have there been any of the following substance use:

- None
- Alcohol use [ ] drinks per week
- Marijuana use [ ] days/week
- Other drug use, specify [ ] days/week
- Problems due to alcohol/ substance use

### Other Psychiatric Symptoms (Indicate if present)

- Temper outbursts
- Inattention
- ADHD Sx
- Impulsivity
- Hyperactivity
- Anxiety
- Physical Aggression
- Property Destruction
- Oppositionality/ Defiance
- Substance Abuse
- PDD Symptoms
- Nonsuicidal self-injurious behavior
- Other

### Any instances of noncompliance with scheduled psychiatrist appointments?
- Yes
- No

How good is your relationship with this patient?
- Not so good
- Fair
- Good
- Very good

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ID

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Since the last appointment, have there been any of the following substance use:
CURRENT MEDICATIONS: List all medications, including side effect, sleep, nutriceuticals or other adjunctive medications.

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Current Dosage (mg/ day):</th>
<th>Drug Change</th>
<th>If new or change, target dosage (mg/ day):</th>
<th>Days for titration, (or taper if d/c’d):</th>
<th>Target Symptom or reason for change (if d/c’d, changed or new):</th>
<th>Compliance Scale</th>
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<tbody>
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Specify if side effect or other target sx/ reason for change:

- 0= Prescribed by other MD
- 1= (Hypo) Manic sx
- 2= Depressive sx
- 3= Aggression/ Agitation
- 4= Psychosis
- 5= ADHD sx
- 6= Anxiety
- 7= Insomnia
- 8= Side Effect
- 9= Other (specify left)

COMPLIANCE SCALE

1. Almost never missed (less than 10% of the time)
2. Occasionally missed (10-25% of the time)
3. Often missed (25-50% of the time)
4. Missed most of the time (50-80% of the time)
5. Almost always missed (greater than 80% of the time)
CHILDREN’S GLOBAL ASSESSMENT SCALE (C-GAS)

Directions: Rate the subject’s most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g., 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

100-91 Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.) Likeable, confident, “everyday” worries never get out of hand. Doing well in school. No symptoms.

90-81 Good functioning in all areas. Secure in family, school and with peers. There may be transient difficulties and “everyday” worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasionally “blow-up” with siblings, parents or peers).

80-71 No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, are only minimally disturbing to others and are not considered deviant by those who know them.

70-61 Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior, self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her might well express concern.

60-51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

50-41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal, and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships.

40-31 Major impairment in functioning in several areas and unable to function in one of those areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance; suicidal attempts with clear lethal intent. Such children are likely to require a special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).

30-21 Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in communication (e.g., sometimes incoherent or inappropriate).

20-11 Needs considerable supervision to prevent hurting others or self, e.g., frequently violent repeated suicide attempts OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.

10-1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Last two weeks

If you have obtained any blood level data, please complete the Blood Level Form.