

MARK LEIFESTE, M.D.

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MOOD & ANXIETY SCALE

If you (or your child) have experienced any of these symptoms this month, please rate the severity. 0 = No Problem, 5 = Pretty Disturbing, 10 = Maximal Impairment

Name _____

Date _____

Sadness/unhappiness/loneliness	
Crying	
Loss of interest/pleasure	
Feeling guilty/worthless	
Irritability/fragility	
Suicidal ideas/attempts	
Lethargy/fatigue	
Slowing/agitation	
Insomnia (How many nights/week?)	
Anxiety	
Panic attack	
Trouble thinking	
Weight loss/gain (# lbs. per interval)	
Concentration/attention span problems	
Impulsivity	
Distractibility	
Cycling moods	
Avoiding activities	
Procrastination	

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RATING SCALE

If you (or your child) have experienced any of these symptoms this month, please rate the severity. 0 = No Problem, 5 = Pretty Disturbing, 10 = Maximal Impairment

Name _____

Date _____

Periods of grandiosity or inflated self esteem	
Expansive, elated, euphoric or giddy moods	
Nights with less need for sleep (sleeping less than 6 hours w/o napping next day)	
Racing thoughts or flight of ideas	
Hypersexuality	
Abrupt shifts in tempo or mood	
Delayed sleep phase with difficult, groggy mornings	
Pressured speech, hyper-talkative	
Rages lasting >30"	
Aggression	
Insomnia	
Hyperactivity or agitation	
Argumentativeness or insubordination	
Abnormally irritable mood	
Changes in appetite (< or >)	
Substance abuse	
Anxiety or panic	
High risk activities	
Abnormally increased distractibility	
Obsessiveness	
Both activated and negative symptoms simultaneously	