

The Mood Disorder Questionnaire (MDQ) - Overview

The Mood Disorder Questionnaire (MDQ) was developed by a team of psychiatrists, researchers and consumer advocates to address the need for timely and accurate evaluation of bipolar disorder.

Clinical Utility

- The MDQ is a brief self-report instrument that takes about 5 minutes to complete.
- This instrument is designed for *screening purposes only* and is not to be used as a diagnostic tool.
- A positive screen should be followed by a comprehensive evaluation.

Scoring

In order to screen positive for possible bipolar disorder, all three parts of the following criteria must be met:

- “YES” to 7 or more of the 13 items in Question 1 **AND**
- “Yes” to Question number 2 **AND**
- “Moderate Problem” or “Serious Problem” to Question 3

Psychometric Properties

The MDQ is best at screening for bipolar I (depression and mania) disorder and is not as sensitive to bipolar II (depression and hypomania) or bipolar not otherwise specified (NOS) disorder.

| Population /type | Sensitivity & Specificity |
|--|---|
| Out-patient clinic serving primarily a mood disorder population ¹ | Sensitivity 0.73 Specificity 0.90 |
| General Population ² | Sensitivity 0.28 Specificity 0.97 |
| 37 Bipolar Disorder patients 36 Unipolar Depression patients ³ | Overall Sensitivity 0.58 (BDI 0.58-BDII/NOS 0.30) Overall Specificity 0.67 |
| Primary care patients receiving treatment for depression ⁴ | Sensitivity 0.58 Specificity 0.93 |

1. Hirschfeld RMA. et. al. Development and validation of a screening instrument for bipolar spectrum disorder: The Mood Disorder Questionnaire, *Am J of Psychiatry*, 2000, 157:1873-1875.
2. Hirschfeld RMA. The mood disorder Questionnaire: A simple, patient-rated screening instrument for bi-polar disorder. *Journal of Clinical Psychiatry Primary Care Companion* 2002; 4: 9-11.
3. Miller CJ et al, Sensitivity and specificity of the Mood Disorder Questionnaire for detecting bipolar disorder. *J Affect Disorder* 2004. 81: 167-171.
4. Hirschfeld RMA, et al. Screening for bipolar disorder in patients treated for depression in a family medicine clinic. *JABFP* 2005, 18: 233-239.

Mood Disorder Questionnaire

Patient Name _____ Date of Visit _____

Please answer each question to the best of your ability

| 1. 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 were so hyper that you got into trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were so irritable that you shouted at people or started fights or arguments? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you felt much more self-confident than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you got much less sleep than usual and found that you didn't really miss it? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were more talkative or spoke much faster than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...thoughts raced through your head or you couldn't slow your mind down? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you had more energy than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more active or did many more things than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more interested in sex than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...spending money got you or your family in trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? | <input type="checkbox"/> | <input type="checkbox"/> |

3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?

No problems Minor problem Moderate problem Serious problem