

# Mood Disorder Questionnaire (MDQ)

Name: Amber Morrow

Date: 4-22-25

Instructions: Check (☑) the answer that best applies to you.  
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...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 checked="" type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input checked="" type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input checked="" type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input checked="" type="radio"/>
...you were much more talkative or spoke faster than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input checked="" type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input checked="" type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input checked="" type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input checked="" type="radio"/>
...you were much more interested in sex than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input checked="" type="radio"/>	<input type="radio"/>
...spending money got you or your family in trouble?	<input checked="" type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check 1 response only.	<input checked="" type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? Please check 1 response only.		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input checked="" type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input checked="" type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input checked="" type="radio"/>	<input type="radio"/>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry*. 2000;157:1873-1875.

Amber

NURSING SHIFT ASSESSMENT

DATE: 4-22-25

7:50

SHIFT:  Day(7A-7P)

Night(7P-7A)

Name: \_\_\_\_\_ Label \_\_\_\_\_  
MR#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

- Orientation**
  - Person
  - Place
  - Time
  - Situation
- Affect**
  - Appropriate
  - Inappropriate
  - Flat
  - Guarded
  - Improved
  - Blunted
- ADL**
  - Independent
  - Assist
  - Partial Assist
  - Total Assist
- Motor Activity**
  - Normal
  - Psychomotor retardation
  - Psychomotor agitation
  - Posturing
  - Repetitive acts
  - Pacing
- Mood**
  - Irritable
  - Depressed
  - Anxious
  - Dysphoric
  - Agitated
  - Labile
  - Euphoric
- Behavior**
  - Withdrawn
  - Suspicious
  - Tearful
  - Paranoid
  - Isolative
  - Preoccupied
  - Demanding
  - Aggressive
  - Manipulative
  - Complacent
  - Sexually acting out
  - Cooperative
  - Guarded
  - Intrusive

Thought Processes

- Goal Directed
- Tangential
- Blocking
- Flight of Ideas
- Loose association
- Indecisive
- Illogical
- Delusions: (type) \_\_\_\_\_

Thought Content

- Obsessions
- Compulsions
- Suicidal thoughts
- Hallucinations
- Auditory
- Visual
- Olfactory
- Tactile
- Gustatory
- Worthless
- Somatic
- Assaultive Ideas
- Logical
- Hopeless
- Helpless
- Homicidal thoughts

Pain:  Yes No Pain scale score 3 Locations Right Knee  
Is pain causing any physical impairment in functioning today  No  If yes explain \_\_\_\_\_

Nursing Interventions:

- Close Obs. q15
- Milieu Therapy
- VIS
- O2 sat.
- Nursing group/session (list topic) Mental health safety
- ADLs assist
- Ind. Support
- Monitor Intake
- Tx Team
- I&O
- Reality Orientation
- Encourage Disclosure
- Wt. Monitoring
- PRN Med per order
- Toilet Q2 w/awake
- Neuro Checks
- Elevate HOB
- 1 to 1 Observation \_\_\_\_\_ reason (specify)
- Rounds Q2
- MD notified \_\_\_\_\_

<input type="checkbox"/> DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES (violence, suicide, elope, fall, physical health) DAILY SUICIDE RISK ASSESSMENT* Note - for frequent assessment purposes, Question 1 has been omitted		Since Last Contact
Ask Question 2*		YES NO
2) <u>Have you actually had thoughts about killing yourself?</u>	LOW	<input checked="" type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <u>Have you been thinking about how you might do this?</u>	MOD	<input checked="" type="checkbox"/>
4) <u>Have you had these thoughts and had some intention of acting on them?</u> E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		<input checked="" type="checkbox"/>
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> As opposed to "I have the thoughts, but I definitely will not do anything about them."		<input checked="" type="checkbox"/>
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>		<input checked="" type="checkbox"/>

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

Low Risk  Moderate Risk  High Risk

Nurse Signatures) Amber M... Date: 4-22-25 Time: \_\_\_\_\_

REVIEW OF SYSTEMS

- Cardio/Pulmonary:**
  - JVD
  - Elevated B/P
  - B/P
  - Chest Pain
  - Edema:  upper  lower
- Respiratory/Breath sounds:**
  - Clear
  - Rales
  - Crackles
  - Wheezing
  - Cough
  - S.O.B.
  - Other: \_\_\_\_\_
  - O2 @ \_\_\_\_\_ l/min
  - Cont
  - PRN
  - Via  nasal cannula  face mask
- Neurological / L.O.C.:**
  - Unimpaired
  - Lethargic
  - Sedated
  - Dizziness
  - Headache
  - Seizures
  - Tremors
  - Other: \_\_\_\_\_
- Musculoskeletal/Safety:**
  - Ambulatory
  - MAE
  - Full ROM
  - Walker
  - W/C
  - Immobile
  - Pressure ulcer
  - Unsteady gait
  - Risk for pressure ulcer
  - Reddened area(s)
- Nutrition/Fluid:**
  - Adequate
  - Inadequate
  - Dehydrated
  - Supplement
  - Prompting
  - Other: \_\_\_\_\_
  - new onset of choking risks assessed

- Skin:**
  - Bruises
  - Tear
  - No new skin issues
  - Wound(s) (see Wound Care Packet)
  - Abrasion
  - Integumentary Assess
  - Other: \_\_\_\_\_

- Elimination:**
  - Continent
  - Incontinent
  - Catheter
  - Diarrhea
  - OTHER: \_\_\_\_\_

Hours of Sleep: \_\_\_\_\_ Day  Night

At Risk for Falls:  Yes  No

- At Risk for FALL Precautions:**
  - Arm Band
  - Nonskid footwear
  - BR light
  - ambulate with assist
  - Call bell
  - Clear path
  - Edu to call for assist
  - Bed alarm
  - Chair alarm
  - 1:1 observation level
  - Assist with ADLs
  - Geri Chair
  - Ensure assistive devices near
  - Other: \_\_\_\_\_

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IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Bipolar mania</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</p> <p><del>Alcohol use</del></p> <p>Alcohol use</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none"><li>- Patient genetic history,</li><li>- Increased goal directed activity</li><li>- Decreased need for sleep</li><li>- More talkative than usual</li><li>- Distractibility</li></ul>
<p>4. Medical Diagnoses:</p> <p>NA</p>	<p>6. Lab Values That May Be Affected:</p> <p>NA</p>	<p>7. Current Treatment:</p> <ul style="list-style-type: none"><li>- Close obs q15</li><li>- V/S</li><li>- I/O</li><li>- NRSing group</li><li>- Encourage disclosure</li><li>- Rounds <del>at</del> Q2</li><li>- Wt monitoring</li><li>- Milive therapy</li></ul>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>Maintain hospitalization &amp; further medical assessment to prevent patient injury</p>		

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<p>8. Focused Nursing Diagnosis:</p> <p>RISK for Injury</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Reduce environment stimuli</p>	<p>13. Patient Teaching:</p> <p>1. Avoid triggers that might lead to a hypomanic episode</p>
<p>9. Related to (r/t):</p> <p>Extreme hyperactivity</p>	<p>Evidenced Based Practice: in hyperactive state pt is extremely distracted</p> <p>2. Limit group activities</p>	<p>2. GO to Alcoholics anonymous</p> <p>3. <del>Join</del> Join a support group with other people that have Bipolar disorder</p>
<p>10. As evidenced by (aeb):</p> <p>NA</p>	<p>Evidenced Based Practice: one-to-one interaction reduces environmental stimuli and manage client safety</p> <p>3. Provide scheduled activities</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Take the medications as prescribed.</p> <p>2. Do not stop taking the medication abruptly.</p>
<p>11. Desired patient outcome:</p> <p>Client will experience NO Physical injury</p>	<p>Evidenced Based Practice: a structured environment provides pt security</p>	<p>3. Join support groups for Bipolar disorder and for Alcohol use.</p>