

Family Mental Health History

Instructions:

Please print out this form and for each question, please check the box that is appropriate. If you do not know the answer, please check "unknown" or "not applicable". If you have concerns about your mental health, please share your completed Mood Disorder Questionnaire, Family History Questionnaire and Personal Profile with your doctor.

An accurate diagnosis can only be made by your doctor, after a comprehensive mental health screening.

This questionnaire is not meant to be a diagnostic tool nor is it meant to take the place of an evaluation by a physician or other mental health professional.

1. Is there a history of "nervous breakdown," anxiety, or other mental illness in the following *biological* family members:

Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Siblings (brother, sister)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Children (son, daughter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Is there a history of Bipolar I Disorder or Bipolar II Disorder in the following *biological* family members:

Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Siblings (brother, sister)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Children (son, daughter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

3. Is there a history of major depression in the following *biological* family members:

Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Siblings (brother, sister)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Children (son, daughter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

4. Is there a history of psychosis in the following *biological* family members:

Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Siblings (brother, sister)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Children (son, daughter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Not Applicable <input type="checkbox"/>