



50 East 72nd Street  
Suite 1A  
New York, NY 10021  
Tel: 212 570-4052  
Fax: 212 570-1077

26 Court Street  
Suite 2203  
Brooklyn Heights, NY 11242  
Tel: 212 570-4052  
Fax: 212 570-1077

## Rapid Mood Screener (RMS)

Are you among the millions of people who have depressive symptoms? Answer the following questionnaire about your medical history and provide it to your doctor or nurse to assist in an important conversation about your mood.

Please select one response for each question. You can complete the RMS in less than 2 minutes.

	YES	NO
1. Have there been at least 6 different periods of time (at least 2 weeks) when you felt deeply depressed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you have problems with depression before the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had to stop or change your antidepressant because it made you highly irritable or hyper?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a period of at least 1 week during which you were more talkative than normal with thoughts racing in your head?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a period of at least 1 week during which you felt any of the following: unusually happy; unusually outgoing; or unusually energetic?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a period of at least 1 week during which you needed much less sleep than usual?	<input type="checkbox"/>	<input type="checkbox"/>

Patient Name \_\_\_\_\_

Date \_\_\_\_\_