



(HCL-32) HYPOMANIA CHECK LIST QUESTIONNAIRE

Name: _____

Date: _____

At different times in their life everyone experiences changes or swings in energy, activity and mood (“highs and lows” or “ups and downs”). The aim of this questionnaire is to assess the characteristics of the “high” periods.

Energy, Activity, and Mood

1. **First of all, how are you feeling today compared to your usual state:** (please mark only ONE of the following)

Much Worse Than Usual	Worse Than Usual	A Little Worse Than Usual	Neither Better Nor Worse Than Usual	A Little Better Than Usual	Better Than Usual	Much Better Than Usual

2. **How are you usually compared to other people?** (please mark only ONE of the following)

Independently of how you feel today, please tell us how you are normally compared to other people, by marking which of the following statements describes you best.

Compared to other people my level of activity, energy, and mood....

...is always rather stable and even	...is generally higher	...is generally lower	...repeatedly shows periods of ups and downs

3. Please try to remember **a period when you were in a “high” state.**

How did you feel then? Please answer all of these statements independently of your present condition:

In such state:

	YES	NO
1. I need less sleep.		
2. I feel more energetic and more active.		
3. I am more self-confident.		
4. I enjoy my work more.		
5. I am more sociable (make more phone calls, go out more).		
6. I want to travel and/or do travel more.		
7. I tend to drive faster or take more risks when driving.		
8. I spend more money/too much money.		
9. I take more risks in my daily life (in my work and/or other activities)		
10. I am physically more active (sport etc.)		



11. I plan more activities or projects.		
12. I have more ideas, I am more creative.		
13. I am less shy or inhibited		
14. I wear more colorful and more extravagant clothes/make-up.		
15. I want to meet or actually do meet more people.		
16. I am more interested in sex.		
17. I am more flirtatious and/or am more sexually active.		
18. I talk more.		
19. I think faster.		
20. I make more jokes or puns when I am talking.		
21. I am more easily distracted.		
22. I engage in lots of new things.		
23. My thoughts jump from topic to topic.		
24. I do things more quickly and/or more easily.		
25. I am more impatient and/or get irritable more easily.		
26. I can be exhausting or irritating for others.		
27. I get into more quarrels.		
28. My mood is higher, more optimistic.		
29. I drink more coffee.		
30. I smoke more cigarettes.		
31. I drink more alcohol.		
32. I take more drugs (sedatives, anxiolytics, stimulants...)		

If you never experience such a “high” please stop here.

4. Impact of your “highs” on various aspects of your life.

	Positive & Negative	Positive	Negative	No Impact
Family Life				
Social Life				
Work				
Leisure				

5. Other people’s reactions and comments to your “highs.”

How did people close to you react to or comment on your “highs”?

Positively (encouraging or supportive)	Neutral	Negatively Concerned, Annoyed, Irritated, Critical	Positively & Negatively	No Reactions

6. Lengths of your “highs” as a rule (on the average). (Please mark only ONE of the following)

<input type="checkbox"/>	1 Day
<input type="checkbox"/>	2-3 Days
<input type="checkbox"/>	4-7 Days
<input type="checkbox"/>	Longer Than 1 Week
<input type="checkbox"/>	Longer Than 1 Month
<input type="checkbox"/>	I can’t judge/don’t know



7. Have you experienced such “highs” in the past 12 months?

_____ Yes

_____ No

8. If yes, please estimate how many days you spent in “highs” during the last 12 months:

Take all together: about _____ days