

**Section 5 - HIGH MOOD**



Now I'd like to ask you about OTHER moods and related experiences you may have had. N5STN

<b>1a.</b> In your ENTIRE LIFE, have you EVER had a time lasting at least 1 week when you felt so extremely excited or elated that other people thought you weren't your normal self or were concerned about you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N5Q1A	
<b>b.</b> In your ENTIRE LIFE, have you EVER had a time lasting a least 1 week when you were so irritable or easily annoyed that you acted really angry and often started fights or arguments?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N5Q1B	
<b>CHECK ITEM 5.1</b> Is at least 1 item marked "Yes" in 1a or 1b?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to 3a N5CK51	
<b>2.</b> During ANY of these times lasting at least 1 week when you were extremely (excited or elated/irritable or easily annoyed), were you ALSO so revved up or energetic that other people thought you weren't your normal self or were concerned about you?	1 <input type="checkbox"/> Yes – Skip to 6a 2 <input type="checkbox"/> No N5Q2	
<b>3a.</b> In your ENTIRE LIFE, have you EVER had a time lasting LESS than 1 week when you felt so extremely excited or elated that other people thought you weren't your normal self or were concerned about you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N5Q3A	
<b>b.</b> In your ENTIRE LIFE, have you EVER had a time lasting LESS than 1 week when you were so irritable or easily annoyed that you acted really angry and often started fights or arguments?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No N5Q3B	
<b>CHECK ITEM 5.2</b> Is at least 1 item marked "Yes" in 3a or 3b?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Section 6 N5CK52	
<b>4.</b> During ANY of these times lasting LESS than 1 week when you were extremely (excited or elated/irritable or easily annoyed), were you ALSO so revved up or energetic that other people thought you weren't your normal self or were concerned about you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to Section 6 N5Q4	
<b>5a.</b> Just AFTER ANY of those times lasting LESS than 1 week when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic, were you hospitalized for these mood changes?	1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No N5Q5A	
<b>b.</b> Did ANY of those times lasting LESS than 1 week when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic last for at least 4 days?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Section 6 N5Q5B	
<b>6a.</b> The next few questions are about experiences many people have had when they felt extremely excited, elated, irritable or easily annoyed AND also revved up or energetic.  During that time when you weren't your normal self and (you were the MOST excited or elated/you felt the MOST irritable or easily annoyed/you were the MOST excited or elated OR you felt the MOST irritable or easily annoyed) AND you also felt extremely revved up or energetic, did YOU . . .  (Repeat entire phrase frequently)	<b>b.</b>	
Feel extremely excited or elated?	1 <input type="checkbox"/> Yes - Mark Box 1 2 <input type="checkbox"/> No - Go to next N5Q6A experience	Box 1 <input type="checkbox"/>
<b>b.</b> Feel extremely revved up or energetic?	1 <input type="checkbox"/> Yes - Mark Box 2 2 <input type="checkbox"/> No - Go to next N5Q6B experience	Box 2 <input type="checkbox"/>
<b>c.</b> Feel very irritable or easily annoyed?	1 <input type="checkbox"/> Yes - Mark Box 3 2 <input type="checkbox"/> No - Go to next N5Q6C experience	Box 3 <input type="checkbox"/>

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<p><b>6d.</b> Need much less sleep than usual?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 4                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6D</b> experience</p>	<p><b>Box</b> 4 <input type="checkbox"/></p>
<p><b>e.</b> Feel rested after getting less sleep than usual?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 4                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6E</b> experience</p>	
<p><b>f.</b> Find you were more talkative than usual?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 5                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6F</b> experience</p>	<p><b>Box</b> 5 <input type="checkbox"/></p>
<p><b>g.</b> Feel a pressure to keep talking?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 5                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6G</b> experience</p>	
<p><b>h.</b> Talk so fast that people had trouble understanding you or couldn't get a word in edgewise?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 5                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6H</b> experience</p>	
<p><b>i.</b> HAVE or did other people notice you had trouble concentrating because little things going on around you easily got you off track?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 6                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6I</b> experience</p>	<p><b>Box</b> 6 <input type="checkbox"/></p>
<p><b>j.</b> Find your thoughts racing so fast that you couldn't keep track of them?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 7                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6J</b> experience</p>	<p><b>Box</b> 7 <input type="checkbox"/></p>
<p><b>k.</b> Find your thoughts racing so fast that it was hard to follow them?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 7                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6K</b> experience</p>	
<p><b>l-1.</b> FEEL so restless that you fidgeted, paced, or couldn't sit still?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 8                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6L1</b> experience</p>	<p><b>Box</b> 8 <input type="checkbox"/></p>
<p><b>l-2.</b> Did others notice you were so restless?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 8                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6L2</b> experience</p>	
<p><b>m.</b> BECOME or did others notice you were more active than usual at work, school, at home, or in pursuing other interests?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 8                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6M</b> experience</p>	
<p><b>n.</b> BECOME or did others notice you were more sexually active than usual?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 8                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6N</b> experience</p>	
<p><b>o.</b> Have sex with people you normally wouldn't be interested in?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 8                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6O</b> experience</p>	
<p><b>p.</b> Become so physically restless that it made you uncomfortable?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 8                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6P</b> experience</p>	
<p><b>q.</b> Do anything unusual that could have gotten you into trouble - like buying things you couldn't afford or didn't need, making foolish decisions about money, or driving recklessly?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 9                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6Q</b> experience</p>	<p><b>Box</b> 9 <input type="checkbox"/></p>
<p><b>r.</b> Do anything that you later regretted - like spending time with people you normally wouldn't be interested in?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 9                  2 <input type="checkbox"/> No - Go to next  <b>N5Q6R</b> experience</p>	
<p><b>s.</b> Feel that you were an unusually important person or that you had special gifts, powers, or abilities to do things that most other people couldn't do?</p>	<p>1 <input type="checkbox"/> Yes - Mark Box 10                  2 <input type="checkbox"/> No - Go to Check  <b>N5Q6S</b> Item 5.3</p>	<p><b>Box</b> 10 <input type="checkbox"/></p>

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<b>CHECK ITEM 5.3</b>	Is Box 1 marked "No" and is Box 3 marked "Yes"?	1 <input type="checkbox"/> Yes – Go to Check Item 5.3A N5CK53 2 <input type="checkbox"/> No - Go to Check Item 5.3B
<b>CHECK ITEM 5.3A</b>	Are at least 4 Boxes 4-10 marked "Yes"?	1 <input type="checkbox"/> Yes – SKIP to 7a N5CK53A 2 <input type="checkbox"/> No - SKIP to Section 6
<b>CHECK ITEM 5.3B</b>	Are at least 3 Boxes 4-10 marked "Yes"?	1 <input type="checkbox"/> Yes N5CK53B 2 <input type="checkbox"/> No - SKIP to Section 6
<p><b>7a.</b> Now I'd like to ask you about some things that might have happened to you during that time when (you were the MOST excited or elated/you felt the MOST irritable or easily annoyed) and you ALSO felt extremely revved up or energetic for (at least 1 week/4-6 days) and when you had some of the other experiences you mentioned.</p> <p>During that time. . .</p> <p>Were you very upset by feeling extremely (excited or elated /irritable or easily annoyed) and extremely revved up or energetic or by any of those OTHER experiences?</p>		1 <input type="checkbox"/> Yes N5Q7A 2 <input type="checkbox"/> No
<p><b>b.</b> Did you have any serious problems getting along with other people - like arguing with your friends, family, people at work or anyone else?</p>		1 <input type="checkbox"/> Yes N5Q7B 2 <input type="checkbox"/> No
<p><b>c.</b> Did you have any serious problems doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?</p>		1 <input type="checkbox"/> Yes N5Q7C 2 <input type="checkbox"/> No
<p><b>d.</b> Did you have trouble getting things done?</p>		1 <input type="checkbox"/> Yes N5Q7D 2 <input type="checkbox"/> No
<p><b>e.</b> Did you have any legal trouble - like being arrested, held at the police station or put in jail?</p>		1 <input type="checkbox"/> Yes N5Q7E 2 <input type="checkbox"/> No
<p><b>8a.</b> About how old were you the FIRST time you BEGAN to feel extremely (excited or elated /irritable or easily annoyed) AND also extremely revved up or energetic for (at least 1 week/4-6 days) and when you also had SOME of the other experiences you mentioned?</p> <p><i>Refer to other experiences marked "Yes" in 6a – 7e, if necessary.</i></p>		_____ Age N5Q8A
<b>CHECK ITEM 5.4</b>	Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?	1 <input type="checkbox"/> Yes N5CK54 2 <input type="checkbox"/> No - SKIP to 9
<p><b>8b.</b> Did this FIRST time BEGIN to happen during the last 12 months?</p>		1 <input type="checkbox"/> Yes N5Q8B 2 <input type="checkbox"/> No
<p><b>9.</b> In your ENTIRE LIFE, how many SEPARATE times lasting (at least 1 week/4-6 days) were there when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic and when you also had SOME of the other experiences you mentioned?</p> <p>By separate times, I mean times separated by at least 2 months when your mood was back to normal, AND you DIDN'T have ANY of the OTHER experiences you mentioned.</p>		_____ Number N5Q9
<b>CHECK ITEM 5.5</b>	Is number in 9, 2 or more or unknown?	1 <input type="checkbox"/> Yes N5CK55 2 <input type="checkbox"/> No - SKIP to 11e
<p><b>10a.</b> How old were you the MOST RECENT time you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic and when you also had SOME of those other experiences?</p>		_____ Age N5Q10A
<b>CHECK ITEM 5.6A</b>	Is respondent's age in 10a within 1 year of his/her present age or is present age or 10a unknown?	1 <input type="checkbox"/> Yes N5CK56A 2 <input type="checkbox"/> No - SKIP to 11a

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<p><b>10b.</b> Did this MOST RECENT time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q10B</b> 2 <input type="checkbox"/> No</p>
<p><b>11a.</b> How long did (this/your) MOST RECENT time last when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>_____ Day(s) <b>N5Q11ACONT, N5Q11AUNIT</b> OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)</p>
<p><b>b.</b> Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN'T have ANY of the OTHER experiences you mentioned?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q11B</b> 2 <input type="checkbox"/> No - <i>SKIP to 11d</i></p>
<p><b>CHECK ITEM 5.6B</b> Is 10b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 11d</i> <b>N5CK56B</b> 2 <input type="checkbox"/> No</p>
<p><b>11c.</b> Did this MOST RECENT time when your mood was back to normal BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q11C</b> 2 <input type="checkbox"/> No</p>
<p><b>d.</b> In your ENTIRE LIFE, what was the LONGEST time you had when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>_____ Days(s) } <b>N5Q11DCONT, N5Q11DUNIT</b> OR _____ Week(s) } <i>SKIP to Check Item 5.7</i> OR _____ Month(s) } OR _____ Year(s) }</p>
<p><b>e.</b> How long did that time last when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>_____ Days(s) <b>N5Q11ECONT, N5Q11EUNIT</b> OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)</p>
<p><b>f.</b> Since that time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN'T have ANY of the OTHER experiences that you mentioned?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q11F</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.7</i></p>
<p><b>CHECK ITEM 5.6C</b> Is 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.7</i> <b>N5CK56C</b> 2 <input type="checkbox"/> No</p>
<p><b>11g.</b> Did this time when your mood was back to normal BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q11G</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 5.7</b> Refer to Check Item 2.1, Section 2A. Is respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 14</i> <b>N5CK57</b> 2 <input type="checkbox"/> No</p>
<p><b>12.</b> Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q12</b> 2 <input type="checkbox"/> No</p>
<p><b>13.</b> Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q13</b> 2 <input type="checkbox"/> No</p>
<p><b>14.</b> Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q14</b> 2 <input type="checkbox"/> No</p>
<p><b>15.</b> Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q15</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 5.8</b> Is at least 1 item marked "Yes" in 12, 13, 14 OR 15?</p>	<p>1 <input type="checkbox"/> Yes <b>N5CK58</b> 2 <input type="checkbox"/> No - <i>SKIP to 17a</i></p>
<p><b>CHECK ITEM 5.9</b> Is Check Item 5.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes <b>N5CK59</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10A</i></p>

**Section 5 - HIGH MOOD (Continued)**

<p><b>16a.</b> During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16A</b>                  2 <input type="checkbox"/> No - <i>SKIP to 17a</i></p>
<p><b>b.</b> Did you CONTINUE to feel extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 17a</i> <b>N5Q16B</b>                  2 <input type="checkbox"/> No }</p>
<p><b>CHECK ITEM 5.10A</b> Is 8b marked "Yes" or 10b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes <b>N5CK510A</b>                  2 <input type="checkbox"/> No - <i>SKIP to 16g</i></p>
<p><b>16c.</b> Did ALL of the times when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16C</b>                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10B</i></p>
<p><b>d.</b> During ANY of those times in the last 12 months when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16D</b>                  2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.10B</i></p>
<p><b>e.</b> During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16E</b>                  2 <input type="checkbox"/> No</p>
<p><b>f.</b> Did you CONTINUE to feel extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16F</b>                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 5.10B</b> Is 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 17a</i> <b>N5CK510B</b>                  2 <input type="checkbox"/> No</p>
<p><b>16g.</b> Did ALL of the times when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16G</b>                  2 <input type="checkbox"/> No - <i>SKIP to 17a</i></p>
<p><b>h.</b> During ANY of those times BEFORE 12 months ago when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16H</b>                  2 <input type="checkbox"/> No - <i>SKIP to 17a</i></p>
<p><b>i.</b> During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16I</b>                  2 <input type="checkbox"/> No</p>
<p><b>j.</b> Did you CONTINUE to feel extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes <b>N5Q16J</b>                  2 <input type="checkbox"/> No</p>

**Section 5 - HIGH MOOD (Continued)**

<p><b>17a.</b> Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to calm down or feel better when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q17A</b> 2 <input type="checkbox"/> No</p>
<p><b>b.</b> Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room for help to feel better when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q17B</b> 2 <input type="checkbox"/> No</p>
<p><b>18a.</b> Were you EVER a patient in any kind of hospital overnight or longer because you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q18A</b> 2 <input type="checkbox"/> No</p>
<p><b>b.</b> Did you EVER go to an emergency room for help at any time when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q18B</b> 2 <input type="checkbox"/> No</p>
<p><b>19.</b> Did a doctor EVER prescribe any medicines or drugs to help you calm down or feel better?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q19</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 5.11</b>    Is at least 1 item marked "Yes" in 17a - 19?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5CK511</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.13</i></p>
<p><b>20.</b> About how old were you the FIRST time you went anywhere or talked to anyone to get help for feeling extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</p>	<p>_____ Age    <b>N5Q20</b></p>
<p><b>CHECK ITEM 5.12</b>    Is age in 20 equal to respondent's present age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.13</i>    <b>N5CK512</b> 2 <input type="checkbox"/> No</p>
<p><b>21.</b> Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q21</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.13</i></p>
<p><b>CHECK ITEM 5.12A</b>    Is age in 20 at least 2 years less than respondent's present age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 5.13</i>    <b>N5CK512A</b> 2 <input type="checkbox"/> No</p>
<p><b>22.</b> Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (<i>Month one year ago</i>)?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q22</b> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 5.13</b>    Is Check Item 5.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5CK513</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.14</i></p>
<p><b>23a.</b> Did that time when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q23A</b> 2 <input type="checkbox"/> No - <i>SKIP to 24a1</i></p>
<p><b>b.</b> Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes    } <i>SKIP to 24a1</i>    <b>N5Q23B</b> 2 <input type="checkbox"/> No    }</p>
<p><b>CHECK ITEM 5.14</b>    Is 8b marked "Yes" or 10b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5CK514</b> 2 <input type="checkbox"/> No - <i>SKIP to 23e</i></p>
<p><b>23c.</b> Did ALL of those times when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q23C</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.15</i></p>
<p><b>d.</b> Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes    <b>N5Q23D</b> 2 <input type="checkbox"/> No</p>

**Section 5 - HIGH MOOD (Continued)**

<b>CHECK ITEM 5.15</b>	Is 8b marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to 24a1</i> <b>N5CK515</b> 2 <input type="checkbox"/> No		
<b>23e.</b> Did ALL of those times BEFORE 12 months ago when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?		1 <input type="checkbox"/> Yes <b>N5Q23E</b> 2 <input type="checkbox"/> No - <i>SKIP to 24a1</i>		
<b>f.</b> Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?		1 <input type="checkbox"/> Yes <b>N5Q23F</b> 2 <input type="checkbox"/> No		
<b>24a.</b> Now I'd like to know about some other experiences that may have happened during (that time/ANY of those times) when you weren't your normal self and you or others noticed you were (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic.  During (that time/ANY of those times), please tell me if you or others noticed you had ANY of the following experiences nearly every day.  Did you...  (Repeat phrase frequently.)		<b>b.</b> Did this happen during ANY of those times when you were (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic that BEGAN in the last 12 months?	<b>c.</b> Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	
<b>(1)</b> Feel sad, hopeless, depressed or down nearly every day?	1 <input type="checkbox"/> Yes <del>N5Q24A1</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B1</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C1</b> 2 <input type="checkbox"/> No	
<b>(2)</b> Not care about things or enjoy things you usually cared about or enjoyed?	1 <input type="checkbox"/> Yes <del>N5Q24A2</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B2</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C2</b> 2 <input type="checkbox"/> No	
<b>(3)</b> Feel tired nearly all the time or get tired easily, even though you weren't doing more than usual?	1 <input type="checkbox"/> Yes <del>N5Q24A3</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B3</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C3</b> 2 <input type="checkbox"/> No	
<b>(4)</b> Feel so tired nearly all the time that even small things took a lot of effort?	1 <input type="checkbox"/> Yes <del>N5Q24A4</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B4</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C4</b> 2 <input type="checkbox"/> No	
<b>(5)</b> Move or talk MUCH more slowly than usual?	1 <input type="checkbox"/> Yes <del>N5Q24A5</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B5</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C5</b> 2 <input type="checkbox"/> No	
<b>(6)</b> Feel worthless nearly every day?	1 <input type="checkbox"/> Yes <del>N5Q24A6</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B6</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C6</b> 2 <input type="checkbox"/> No	
<b>(7)</b> Feel guilty about things you normally wouldn't feel guilty about?	1 <input type="checkbox"/> Yes <del>N5Q24A7</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B7</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C7</b> 2 <input type="checkbox"/> No	
<b>(8)</b> Feel useless or good for nothing?	1 <input type="checkbox"/> Yes <del>N5Q24A8</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B8</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C8</b> 2 <input type="checkbox"/> No	
<b>(9)</b> Attempt suicide?	1 <input type="checkbox"/> Yes <del>N5Q24A9</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B9</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C9</b> 2 <input type="checkbox"/> No	
<b>(10)</b> Think about committing suicide?	1 <input type="checkbox"/> Yes <del>N5Q24A10</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <del>N5Q24B10</del> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C10</b> 2 <input type="checkbox"/> No	

**Section 5 - HIGH MOOD (Continued)**

<b>24a. During (that time/ANY of those times), did you ...</b>  <i>(Repeat phrase frequently.)</i>	<b>b. Did this happen during ANY of those times when you were (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic that BEGAN in the last 12 months?</b>	<b>c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?</b>	
<b>(11) Feel like you wanted to die?</b>	1 <input type="checkbox"/> Yes <b>N5Q24A11</b> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24B11</b> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C11</b> 2 <input type="checkbox"/> No
<b>(12) Think a lot about your own death?</b>	1 <input type="checkbox"/> Yes <b>N5Q24A12</b> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24B12</b> 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes <b>N5Q24C12</b> 2 <input type="checkbox"/> No
<b>(13) Worry a lot?</b>	1 <input type="checkbox"/> Yes <b>N5Q24A13</b> 2 <input type="checkbox"/> No - <i>Go to Check Item 5.15A</i>	1 <input type="checkbox"/> Yes <b>N5Q24B13</b> 2 <input type="checkbox"/> No - <i>Go to Check Item 5.15A</i>	1 <input type="checkbox"/> Yes <b>N5Q24C13</b> 2 <input type="checkbox"/> No
<b>CHECK ITEM 5.15A</b> Is "Yes" marked in Check Item 5.5?	1 <input type="checkbox"/> Yes <b>N5CK515A</b> 2 <input type="checkbox"/> No - <i>SKIP to Section 6</i>		
<b>CHECK ITEM 5.16</b> Are at least 2 Boxes marked "Yes" in 24 column b?	1 <input type="checkbox"/> Yes <b>N5CK516</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.17</i>		
<b>26a. Did SOME of these experiences we just talked about happen nearly every day DURING ANY period in the last 12 months when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</b>	1 <input type="checkbox"/> Yes <b>N5Q26A</b> 2 <input type="checkbox"/> No - <i>SKIP to Check Item 5.17</i>		
<b>b. Did SOME of these experiences happen nearly every day DURING ALL of those periods in the last 12 months when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</b>	1 <input type="checkbox"/> Yes <b>N5Q26B</b> 2 <input type="checkbox"/> No		
<b>CHECK ITEM 5.17</b> Are at least 2 Boxes marked "Yes" in 24 column c?	1 <input type="checkbox"/> Yes <b>N5CK517</b> 2 <input type="checkbox"/> No - <i>SKIP to Section 6</i>		
<b>27. Did SOME of the experiences we just talked about happen nearly every day DURING ANY period BEFORE 12 months ago when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</b>	1 <input type="checkbox"/> Yes <b>N5Q27</b> 2 <input type="checkbox"/> No - <i>SKIP to Section 6</i>		
<b>28. Did SOME of these experiences happen nearly every day DURING ALL of those periods BEFORE 12 months ago when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?</b>	1 <input type="checkbox"/> Yes <b>N5Q28</b> } <i>Go to Section 6</i> 2 <input type="checkbox"/> No		