

BSDS

Instructions:

1. Please read through the entire passage below before filling in any blanks.

Some individuals notice that their mood and/or energy levels shift drastically from time to time____. These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high____. During their “low” phases, these individuals often feel a lack of energy; a need to stay in bed or get extra sleep; and little or no motivation to do things they need to do____. They often put on weight during these periods____. During their low phases, these individuals often feel “blue”, sad all the time, or depressed____. Sometimes, during these low phases, they feel hopeless or even suicidal____. Their ability to function at work or socially is impaired____. Typically, these low phases last for a few weeks, but sometimes they last only a few days____. Individuals with this type of pattern may experience a period of “normal” mood in between mood swings, during which their mood and energy level feels “right” and their ability to function is not disturbed____. They may then notice a marked shift or “switch” in the way they feel____. Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do____. Sometimes, during these “high” periods, these individuals feel as if they have too much energy or feel “hyper” ____ . Some individuals, during these high periods, may feel irritable, “on edge”, or aggressive____. Some individuals, during these high periods, take on too many activities at once____. During these high periods, some individuals may spend money in ways that cause them trouble____. They may be more talkative, outgoing, or sexual during these periods____. Sometimes, their behavior during these high periods seems strange or annoying to others____. Sometimes, these individuals get into difficulty with co-workers or the police, during these high periods____. Sometimes, they increase their alcohol or non-prescription drug use during these high periods____.

2. Now that you have read this passage, please check one of the following four boxes:

- This story fits me very well, or almost perfectly
- This story fits me fairly well
- This story fits me to some degree, but not in most respects
- This story does not really describe me at all

3. Now please go back and put a check after each sentence that definitely describes you.

The Bipolar Spectrum Diagnostic Scale

BSDS Scoring:

Each sentence checked is worth one point. Add six points for “fits me very well,” 4 points for “fits me fairly well,” and two points for “fits me to some degree.”

Total score Likelihood of bipolar disorder (from Ghaemi)

0 – 6 Highly unlikely

7 – 12 Low risk

13– 19 Moderate risk

20– 25 High risk

Optimum threshold for positive diagnosis: score of 13 or above.

Sensitivity to Bipolar I & II: .75

Specificity in unipolar depressed outpatients: .93

Diagnostic Likelihood for Positive (DLR+): 10.7

Diagnostic Likelihood for Positive (DLR+): .27

Reference:

Ghaemi, S. N., Miller, C. J., Berv, D. A., Klugman, J., Rosenquist, K. J., & Pies, R. W. (2005). Sensitivity and specificity of a new bipolar spectrum diagnostic scale. *Journal of Affective Disorders*, 84(2-3), 273-277.

*Changes in Likelihood of a Bipolar Diagnosis as a Function of Scale Scores***Age 5-10 Likelihood Ratios (LR) – 50.3% prevalence of bipolar disorders**

Summary	Range:	Low	Mod. Low	Neutral	Mod. High	High	Very High
P-YMRS	Score	<7	7 to 13	14 to 21	22 to 29	30 to 34	35+
	LR	.08	.48	.88	2.78	6.94	8.92
P-GBI	Score	<11	11 to 20	21 to 30	31 to 42	43 to 50	51+
	LR	.10	.48	1.34	2.31	4.90	6.29
CBCL	Score	<58	58 to 67	68 to 72		73+	
	LR	.07	.47	1.50		3.91	
TRF	Score	<49	49 to 56	57 to 62	63 to 70		71+
	LR	.75	.80	.88	1.22		1.51

Age 11-17 Likelihood Ratios (LR) – 40.7% prevalence of bipolar disorders

Measure	Range:	Low	Mod. Low	Neutral	Mod. High	High	Very High
P-YMRS	Score	<6	6 to 11	12 to 17	18 to 23	24 to 27	28+
	LR	.20	.32	.99	1.99	4.07	7.41
P-GBI	Score	<9	9 to 15	16 to 24	25 to 39	40 to 48	49+
	LR	.06	.25	1.12	2.22	4.82	9.21
A-GBI	Score	<10		10 to 37		38 to 45	46+
	LR	.33		.99		2.02	3.92
CBCL	Score	<54	54 to 64	65 to 69	70 to 75	76 to 80	81+
	LR	.04	.53	1.26	2.14	2.65	4.29
YSR	Score	<49	49 to 55	56 to 62	63 to 69	70 to 76	77+
	LR	.31	.52	1.15	1.58	2.32	3.03
TRF	Score	<46	46 to 53	54 to 60		61 to 76	77+
	LR	.25	.64	.98		1.79	3.76

Note: P-YMRS Total Score, P-GBI and A-GBI Hypomanic/Biphasic score (sum of 28 items scored 0-3), CBCL/TRF/YSR Externalizing T-Scores.

Youngstrom, E. A., Findling, R. L., Calabrese, J. R., Gracious, B. L., Demeter, C., DelPorto Bedoya, D., et al. (2004). Comparing the diagnostic accuracy of six potential screening instruments for bipolar disorder in youths aged 5 to 17 years. *Journal of the American Academy of Child & Adolescent Psychiatry*. Adapted from Table 4.

Table 3 Base rates of PBD in different clinical settings

Setting (Reference)	Base Rate	Demography	Diagnostic Method
High school epidemiological (Lewinsohn et al., 2000)	0.6%	Northwestern USA high school	KSADS-PL ^y
Community Mental Health Center (E. A. Youngstrom et al., 2005)	6%	Midwestern Urban, 80% non-white, low-income	Clinical interview & treatment ^{p,y}
General Outpatient Clinic; (B. Geller, Zimmerman, Williams, Delbello, Frazier et al., 2002)	6% to 8%	Urban academic research centers	WASH-U-KSADS ^{p,y}
County Wards (DCFS) (Naylor et al., 2002, October)	11%	State of Illinois	Clinical interview & treatment ^y
Specialty Outpatient Service (Biederman et al., 1996)	15-17%	New England	KSADS-E ^{p,y} (only p young)
Incarcerated adolescents (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002)	2%	Midwestern Urban	DISC ^y
Incarcerated adolescents (Pliszka et al., 2000)	22%	Texas	DISC ^y
Acute psychiatric hospitalizations in 2002-2003 – <u>adolescents</u> (Blader & Carlson, 2006)	21%	All of U.S.A.	Centers for Disease Control survey of discharge diagnoses
Inpatient service (Carlson & Youngstrom, 2003)	30% manic sx, <2% strict BP I	New York City Metro Region	DICA; KSADS ^{p,y}
Acute psychiatric hospitalizations in 2002-2003 – <u>children</u> (Blader & Carlson, 2006)	40%	All of U.S.A.	Centers for Disease Control survey of discharge diagnoses

^p Parent interviewed as component of diagnostic assessment; ^y youth interviewed as part of diagnostic assessment.

Note: KSADS = Kiddie Schedule for Affective Disorders and Schizophrenia, PL = Present and Lifetime version, WASH-U = Washington University version, -E = Epidemiological version of the KSADS; DISC = Diagnostic Interview Schedule for Children; DICA = Diagnostic Interview for Children and Adolescents. Table modified from Table 1 in Youngstrom, Findling, et al. (2005).

Table 4

Areas Under the Curve (AUCs) and Likelihood Ratios for Potential Screening Measures for PBD

Screening Measure (Primary Reference)	AUC	LR+ (Score)	LR- (Score)	Citation	Clinically Generalizability
Adolescents (11 to 18 years)					
CBCL Externalizing <i>T</i> -Score (Achenbach, 1991a)	.78 (<i>N</i> =324)	4.3 (81+)	.04 (<54)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	High: Bipolar Spectrum Disorder (BPSD) versus all other diagnoses presenting to academic outpatient clinic, excluding pervasive developmental disorders and IQ < 80.
TRF Externalizing <i>T</i> -Score (Achenbach, 1991b)	.70 (<i>N</i> =324)	3.8 (77+)	.25 (<46)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	“ ”
YSR Externalizing <i>T</i> -Score (Achenbach, 1991c)	.71 (<i>N</i> =324)	3.0 (77+)	.31 (<49)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	“ ”
Parent General Behavior Inventory -- Hypomanic/Biphasic (E. A. Youngstrom, Findling, Danielson, & Calabrese, 2001)	.84 (<i>N</i> =324)	9.2 (49+)	.06 (<9)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	“ ” <i>Note:</i> Uses 0 to 3 scoring
Parent Young Mania Rating Scale (Gracious et al., 2002)	.80 (<i>N</i> =324) .70 (<i>N</i> =124)	7.4 (28+)	.20 (<6)	(E. A. Youngstrom, Findling, Calabrese et al., 2004) (E A Youngstrom et al., 2005)	“ ” <i>Note:</i> Uses 0 to 4, 0 to 8 scoring as per Young et al. (1978)
Adolescent General Behavior Inventory – Hypomanic/Biphasic (Depue et al., 1981)	.62 (<i>N</i> =324) .65 (<i>N</i> =124)	3.9 (46+)	.33 (<10)	(E. A. Youngstrom, Findling, Calabrese et al., 2004) (E A Youngstrom et al., 2005)	“ ” <i>Note:</i> Uses 0 to 3 scoring
Parent Mood Disorder Questionnaire (Wagner, Findling, Emslie, Gracious, & Reed, 2006)	~.84 (<i>N</i> <150) .75 (<i>N</i> =124)	3.9 (5+)	.32 (<5)	(Wagner et al., 2006) (E A Youngstrom et al., 2005)	High <i>Note:</i> Algorithm used by Wagner et al. (2006) required co-occurring and at least moderate impairment
Adolescent Mood Disorder Questionnaire (Hirschfeld et al., 2000a)	~.59 (<i>N</i> < 150) .63 (<i>N</i> =124)	1.5 (5+)	.84 (<5)	(Wagner et al., 2006) (E A Youngstrom et al., 2005)	<i>Note:</i> Hirschfeld’s algorithm required co-occurring and at least moderate impairment; Youngstrom et al. (2005) and Wagner (2006) both found sensitivity improved by waiving these requirements
Adolescent Young Mania Rating Scale -- Questionnaire (E A Youngstrom et al., 2005)	.50 (<i>N</i> =124)	--	--	(E A Youngstrom et al., 2005)	Very High – BPSD vs. all others at community mental health center <i>Note:</i> Do not use clinically!

Children (5 to 10 years)

CBCL Externalizing <i>T</i> -Score (Achenbach, 1991a)	.82 (<i>N</i> =318)	3.7 (73+)	.07 (<58)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	High: BPSD versus all other diagnoses presenting to academic outpatient, excluding pervasive developmental disorders and IQ < 80.
TRF Externalizing <i>T</i> -Score (Achenbach, 1991b)	.57 (<i>N</i> =318)	1.4 (63+)	.78 (<57)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	“ ” <i>Note: Do not use clinically!</i>
Parent General Behavior Inventory -- Hypomanic/Biphasic (E. A. Youngstrom et al., 2001)	.81 (<i>N</i> =318)	6.3 (51+)	.10 (<11)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	“ ” <i>Note: Uses 0 to 3 scoring</i>
Parent Young Mania Rating Scale (Gracious et al., 2002)	.83 (<i>N</i> =318)	8.9 (35+)	.08 (<7)	(E. A. Youngstrom, Findling, Calabrese et al., 2004)	“ ” <i>Note: Uses 0 to 4, 0 to 8 scoring as per Young et al., 1978</i>
	.66 (<i>N</i> =141)			(E A Youngstrom et al., 2005)	
Parent Mood Disorder Questionnaire (Wagner et al., 2006)	.72 (<i>N</i> =141)	--	--	(E A Youngstrom et al., 2005)	Very High – BPSD vs. all others at community mental health center

Combined Samples (Child & Adolescent Not Reported Separately)

Parent Child Mania Rating Scale (Pavuluri et al., 2006)	.91 (<i>N</i> =100)	13.7 (20+)	.19 (<20)	(Pavuluri et al., 2006)	Limited: 50 BPSD vs. 50 ADHD without mood
Two Item Screen (Tillman & Geller, 2005)	.85 (<i>N</i> =264)	5.2*	.31*	(Tillman & Geller, 2005)	* Tillman and Geller recommend cutting at 9+ for ages 7-8 years, 8+ for 9-10 years, and 6+ for ages 11 to 17 years.
	.70 (<i>N</i> =500)	1.6**	.32**	(E A Youngstrom, Meyers, Youngstrom, Calabrese, & Findling, 2006)	** Threshold was chosen to be statistically optimal for entire sample.
Child Bipolar Questionnaire (Papolos & Papolos, 2002)	Not reported (<i>N</i> =135)	7.1	N/A	(Papolos, Hennen, Cockerham, Thode, & Youngstrom, 2006)	Limited: KSADS validation group comprised of bipolar spectrum, ADHD, or no diagnosis.
Child Symptom Inventory (Parent) (Gadow & Sprafkin, 1994)				No relevant data published yet	Adolescent version includes mania scale with DSM-IV items; mania items added to research version of child instrument (available from CSI authors upon request)
Adolescent Symptom Inventory (Gadow & Sprafkin, 1997)				No relevant data published yet	Includes mania scale with DSM-IV items
Teacher Symptom Inventory (Gadow & Sprafkin, 1999)				No relevant data published yet	Includes mania scale with DSM-IV items

Note: All studies used some version of KSADS interview by a trained rater, combined with review by a clinician to establish consensus. “LR+” refers to the change in likelihood ratio associated with a positive test score, and “LR-” is the likelihood ratio for a low score. Likelihood ratios of 1 indicate that the test result did not change impressions at all. LRs larger than 10 or smaller than .10 are frequently clinically decisive; 5 or .20 are helpful, and between 2.0 and .5 are small enough that they rarely result in clinically meaningful changes of formulation (Sackett et al., 2000).

Adapted from Youngstrom, E.A. (in press). Pediatric bipolar disorder. In Mash, E. & Barkley, R. (Eds.), *Assessment of childhood disorders*, 4th ed. New York: Guilford Press.

Table 8. Clinically Significant Change Benchmarks with Common Instruments and Mood Rating Scales.

Adapted from Youngstrom, E.A. (in press). Pediatric bipolar disorder. In Mash, E. & Barkley, R. (Eds.), *Assessment of childhood disorders, 4th ed.* New York: Guilford Press.

Measure	Cut Scores*			Critical Change (Unstandardized Scores)		
	A	B	C	95%	90%	SE _{difference}
<i>Benchmarks Based on Published Norms</i>						
<i>Beck Depression Inventory</i>						
BDI Mixed Depression	4	22	15	9	8	4.8
<i>CBCL T-Scores (2001 Norms)</i>						
Total	49	70	58	5	4	2.4
Externalizing	49	70	58	7	6	3.4
Internalizing	n/a	70	56	9	7	4.5
Attention Problems	n/a	66	58	8	7	4.2
<i>TRF T-Scores (2001 Norms)</i>						
Total	n/a	70	57	5	4	2.3
Ext	n/a	70	56	6	5	3.0
Int	n/a	70	55	9	7	4.4
Attention Problems	n/a	66	57	5	4	2.3
<i>YSR T-Scores (2001 Norms)</i>						
Total	n/a	70	54	7	6	3.3
Ext	n/a	70	54	9	8	4.6
Int	n/a	70	54	9	8	4.8
<i>Benchmarks Based on Bipolar Spectrum Samples (Cooperberg, 2002)</i>						
Young Mania Rating Scale (Clinician Rated)	6	2	2	12	10	6.2
Child Depression Rating Scale-Revised	n/a	40	29	8	7	4.0
Parent GBI – Hypomanic/Biphasic Scale	7	19	15	8	7	4.2
Parent GBI – Depression Scale	n/a	18	13	7	6	3.6
Adolescent GBI – Hypomanic/Biphasic Scale	n/a	32	19	8	7	4.4
Adolescent GBI – Depression Scale	n/a	47	27	10	9	5.2

* “A” = Away from the clinical range, “B” = Back into the nonclinical range, “C” = Closer to the nonclinical than clinical mean.

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BRIEF CMRS, PARENT VERSION

Child's name

Date of Birth
(mm/dd/yy)

Case # / ID #

INSTRUCTIONS

The following questions concern your child's mood and behavior in the **past month**. Please place a check mark or an 'x' in a box for each item. Please consider it a problem if it is **causing trouble** and is beyond what is normal for your child's age. Otherwise, check 'rare or never' if the behavior is not causing trouble.

<i>Does your child . . .</i>	NEVER/ RARELY	SOMETIMES	OFTEN	VERY OFTEN	_____
1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling "on top of the world"	0	1	2	3	_____
2. Feel irritable, cranky, or mad for hours or days at a time	0	1	2	3	_____
3. Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble	0	1	2	3	_____
4. Need less sleep than usual; yet does not feel tired the next day	0	1	2	3	_____
5. Have periods of racing thoughts that his or her mind cannot slow down , and it seems that your child's mouth cannot keep up with his or her mind	0	1	2	3	_____
6. Talk so fast that he or she jumps from topic to topic	0	1	2	3	_____
7. Do many more things than usual, or is unusually productive or highly creative	0	1	2	3	_____
8. Behave in a sexually inappropriate way (e.g., talks dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on dogs, playing sex games, touches others sexually)	0	1	2	3	_____
9. Have rage attacks, intense and prolonged temper tantrums	0	1	2	3	_____
10. Hear voices that nobody else can hear	0	1	2	3	_____

TOTAL SCORE _____

Please send comments to:
Mpavuluri@psych.uic.edu, eay@unc.edu

Child's name:	Date:
Child's age:	
Relationship to Child:	

GENERAL BEHAVIOR INVENTORY
Parent Version (P-GBI) Short Form – H/B (Revised Version, 2008)

Here are some questions about behaviors that occur in the general population. Think about how often they occur for your child. Using the scale below, select the number that best describes how often your child experienced these behaviors **over the past year**:

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often Almost Constantly

Keep the following points in mind:

Frequency: you may have noticed a behavior as far back as childhood or early teens, or you may have noticed it more recently. In either case, estimate how frequently the behavior has occurred **over the past year**.

For example: if you noticed a behavior when your child was 5, and you have noticed it over the past year, mark your answer “**often**” or “**very often - almost constantly**”. However, if your child has experienced a behavior during only one isolated period in his/her life, but not outside that period, mark your answer “**never - hardly ever**” or “**sometimes**”.

Duration: many questions require that a behavior occur for an approximate duration of time (for example, “several days or more”). The duration given is a **minimum** duration. If your child usually experiences a behavior for shorter durations, mark the question “**never - hardly ever**” or “**sometimes**”.

Changeability: what matters is not whether your child can get rid of certain behaviors if he/she has them, but whether these behaviors have occurred at all. So even if your child can get rid of these behaviors, you should mark your answer according to how frequently he/she experiences them.

Your job, then, is to rate how frequently your child has experienced a behavior, over the past year, for the duration described in the question. Please read each question carefully, and record your answer next to each question by placing an “**X**” in the appropriate box.

0	1	2	3
Never or Hardly ever	Sometimes	Often	Very Often, Almost Constantly

0 1 2 3

1. Has your child experienced periods of several days or more when, although he/she was feeling unusually happy and intensely energetic (clearly more than your child's usual self), he/she was also physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?

2. Have there been periods of several days or more when your child's friends or other family members told you that your child seemed unusually happy or high – clearly different from his/her usual self or from a typical good mood?

3. Has your child's mood or energy shifted rapidly back and forth from happy to sad or high to low?

4. Has your child had periods of extreme happiness and intense energy lasting several days or more when he/she also felt much more anxious or tense (jittery, nervous, uptight) than usual (*other than related to the menstrual cycle*)?

5. Have there been times of several days or more when, although your child was feeling unusually happy and intensely energetic (clearly more than his/her usual self), he/she also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?

6. Has your child had periods of extreme happiness and intense energy (clearly more than his/her usual self) when, for several days or more, it took him/her over an hour to get to sleep at night?

7. Have you found that your child's feelings or energy are generally up or down, but rarely in the middle?

8. Has your child had periods lasting several days or more when he/she felt depressed or irritable, and then other periods of several days or more when he/she felt extremely high, elated, and overflowing with energy?

9. Have there been periods when, although your child was feeling unusually happy and intensely energetic, almost everything got on his/her nerves and made him/her irritable or angry (*other than related to the menstrual cycle*)?

10. Has your child had times when his/her thoughts and ideas came so fast that he/she couldn't get them all out, or they came so quickly others complained that they couldn't keep up with your child's ideas?

_____ Total Score

Interpretation Guide:

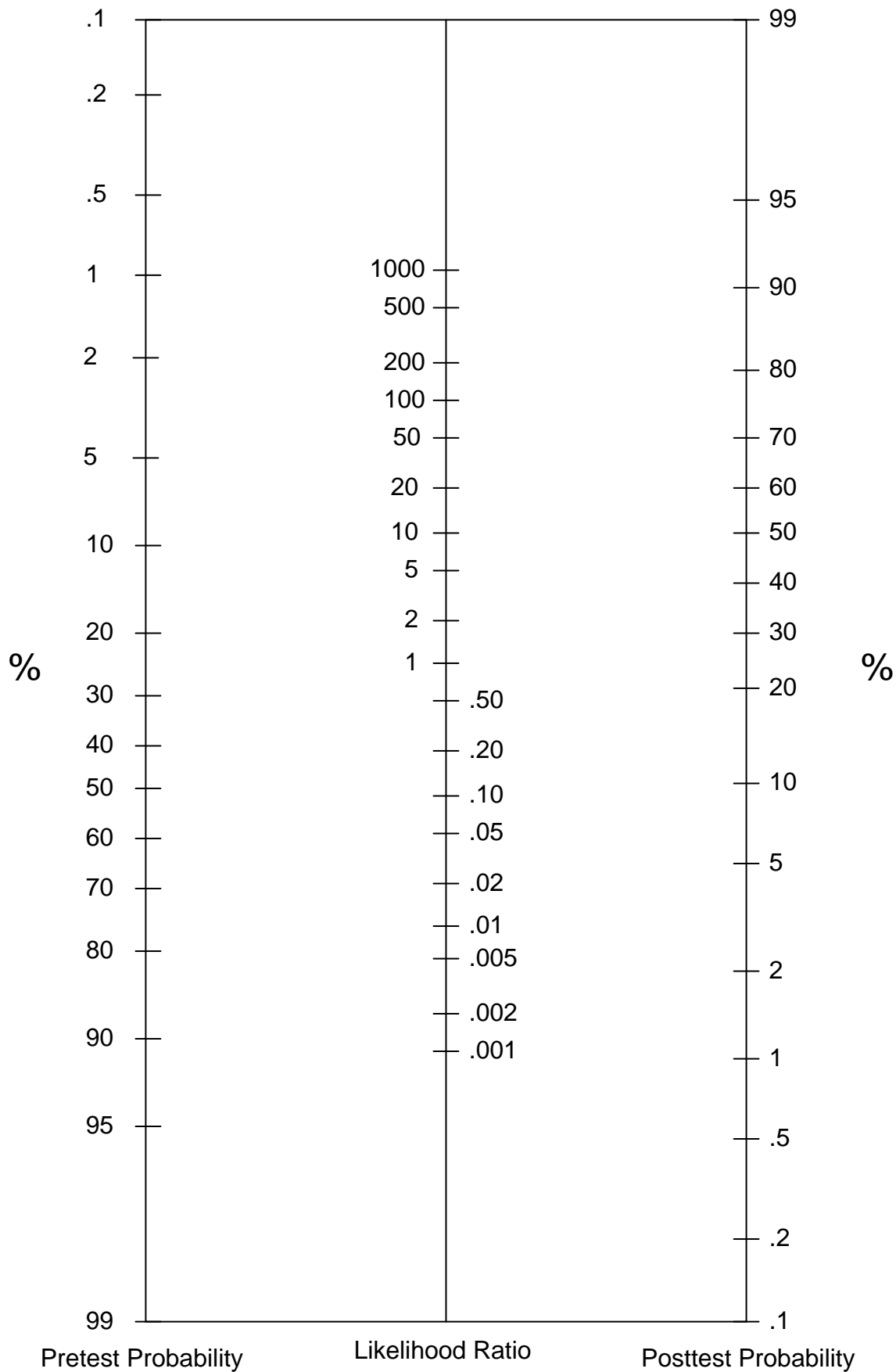
0 Minimal*; 1-4 Mild; 5-14 Neutral Risk; 15-17 High; 18+ Very High** risk

***Minimal** scores decrease likelihood of diagnosis by approximately 100 (LR = .01);

Low scores by ~6 (LR = .16); **Neutral** does not change risk; **High** nearly triples risk (LR = 2.67)

****Very High** scores increase likelihood of diagnosis by approximately 7 (LR = 7.25)

The likelihood of bipolar diagnosis is dependent on base rate of disorder in assessment setting. Please see Youngstrom, Frazier, Demeter, Calabrese, and Findling (2008) *Journal of Clinical Psychiatry* for additional information. Special thanks to Mark Cooperberg, Ph.D.



Relationship to child Date / / Study ID# T

Primary Care MDQ-P

Instructions: Think about your child or adolescent and please answer each question as best as you can.

1. Has there ever been a period of time when your child was not his/her usual self and...		
...felt so good or so hyper that other people thought your child were not his/her normal self, or were so hyper that your child got into trouble? (<i>circle yes or no for each line please</i>)	Yes	No
...felt so irritable that he/she shouted at people or started fights or arguments?	Yes	No
...felt much more self-confident than usual?	Yes	No
...got much less sleep than usual and found he/she didn't really miss it?	Yes	No
...was much more talkative or spoke much faster than usual?	Yes	No
...thoughts raced through his/her head or your child couldn't slow his/her mind down?	Yes	No
...were so easily distracted by things around them that he/she had trouble concentrating or staying on track?	Yes	No
...had much more energy than usual?	Yes	No
...was much more active or did many more things than usual?	Yes	No
...was much more social or outgoing than usual; for example, telephoned friends in the middle of the night?	Yes	No
...was much more interested in sex than usual?	Yes	No
...did things that were unusual for him/her or that other people might have thought were excessive, foolish, or risky?	Yes	No
...spending money got him/her or your family into trouble?	Yes	No

2. If you checked YES to more than one of the above, have several of these ever happened during the <i>same period of time</i> ?	Yes	No
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3. How much of a <i>problem</i> did any of these cause your child -- like being unable to go to school; having family, money, or legal troubles; getting into arguments or fights?			
<input type="checkbox"/> No Problem	<input type="checkbox"/> Minor Problem	<input type="checkbox"/> Moderate Problem	<input type="checkbox"/> Serious Problem

4. Please indicate whether any of your (blood) relatives have had any of these concerns:						
	Grandparents	Parents	Aunts/Uncles	Brothers/Sisters	Children	other than the child in this study
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol/Drug Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manic or Bipolar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	Yes	No
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