



THE FAST-WHITTAKER BIPOLAR DISORDER ASSESSMENT

ROB WHITTAKER: BIPOLAR DISORDER COACH AND EDUCATOR
JULIE A. FAST: BIPOLAR DISORDER AUTHOR AND EDUCATOR

PERSONAL INFORMATION

Date _____

Name _____ DOB ____/____/____

Home Phone(____) ____ - ____ Cell-Phone(____) ____ - ____

Email _____

OVERVIEW

The Fast-Whittaker Bipolar Disorder Assessment provides individuals and health care professionals with a comprehensive assessment of bipolar disorder symptoms. Sections include screening for depression, mania, anxiety, psychosis, substance use, and family history. This questionnaire is **NOT** intended for self-diagnosis.

NOTE: *If you are having trouble with the assessment, ask a close loved one to fill it out based on their observations of your behavior. If someone helped you complete the questions, let your medical professional know.*

INSTRUCTIONS

Go through each statement and answer accurately (to the best of your ability). Please use a "?" where you are not sure of the information. Answers are based on the type, frequency or severity of symptoms. Once the assessment is complete, please take it to your health care professional for diagnostic feedback, treatment, and management options. The PAST refers to any time in the past month or later where your symptoms were different than they are now. Feel free to put the date of any episode or the time frame in the notes section.



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SECTION 1: DEPRESSION

INSTRUCTIONS: Use a scale of 0-10 to rate the severity of each symptom (NOW and in the PAST). Zero being “no symptoms at all” and ten being “the worst symptoms you've ever experienced.” If symptoms are in the past, please note the approximate date(s).

SCALE FROM 0-10

NOW

PAST

1. Feeling hopeless about my future.		
2. Sleep changes (excessive sleeping or waking up too early).		
3. Low energy (moving, thinking or talking much slower than usual).		
4. Feeling irritable, agitated, restless or easily annoyed.		
5. Crying more easily or more often.		
6. Little interest or pleasure in doing activities I usually enjoy.		
7. Strong feelings of guilt or shame.		
8. Looping or upsetting thoughts.		
9. Passive thoughts about suicide (such as "I wish I were dead.")		
10. Having A PLAN in place or thinking about actual ways to end my life.		

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SECTION 2: **MANIA**

INSTRUCTIONS: Use a scale of 0-10 to rate the severity of each symptom (NOW and in the PAST). Zero being “no symptoms at all” and ten being “the worst symptoms you've ever experienced.” If symptoms are in the past, please note the approximate date(s).

SCALE FROM 0-10

NOW

PAST

1. Feeling wide awake with no desire to sleep (lots of energy with less sleep).		
2. An intense desire to move or stay active at all hours.		
3. Feeling so good or energized that other people have commented on the change.		
4. Feeling irritated, aggressive, angry, or destructive.		
5. Having more plans, ideas or hobbies than I can actually handle.		
6. Having impulsive or obsessive sexual thoughts.		
7. Socializing much more than usual (especially with strangers).		
8. Spending more money than usual.		
9. Feeling much more self-confident than usual (like life is full of possibilities!).		
10. Starting projects with great enthusiasm, but not finishing the projects.		

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SECTION 3: ANXIETY

INSTRUCTIONS: Use a scale of 0-10 to rate the severity of each symptom (NOW and in the PAST). Zero being “no symptoms at all” and ten being “the worst symptoms you've ever experienced.” If symptoms are in the past, please note the approximate date(s).

SCALE FROM 0-10

NOW

PAST

1. Feeling dread while facing a task (or ultimately avoiding the task).		
2. Wanting to be social, but feeling worried or restless while in a social group.		
3. Fearing the outcome of situations before they happen.		
4. Experiencing heart palpitations or breathing problems that feel very serious.		
5. Unable to do the things I enjoy due to feeling upset or worried.		
6. Imagining the worst case scenario when faced with unfamiliar situations.		
7. Crying in fear or frustration over situations or projects.		
8. Obsessively thinking about what will or could go wrong.		
9. Obsessively checking electronic devices.		
10. Can't sleep due to obsessive worrying or thinking.		

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SECTION 4: PSYCHOSIS

INSTRUCTIONS: Use a scale of 0-10 to rate the severity of each symptom (NOW and in the PAST). Zero being "no symptoms at all" and ten being "the worst symptoms you've ever experienced." If symptoms are in the past, please note the approximate date(s).

SCALE FROM 0-10

NOW

PAST

1. I feel I'm being watched, monitored or followed by people, the government or an entity.		
2. I have an unnatural fear of the dark and can feel figures or beings in my room at night.		
3. The world feels "fractured" (sounds or images are not clear and I feel out of place).		
4. I believe I am the reincarnation or embodiment of a religious figure or celebrity.		
5. I try to explain thoughts and ideas to others, but listeners get confused or can't follow along.		
6. I hear voices or see objects (like shapes or animals) that are not there, but they feel very real.		
7. I hear voices that tell me to do things.		
8. I am strongly suspicious about the intentions of others.		
9. I believe I have special powers (such as the ability to read minds or end world hunger).		
10. I feel like someone (or something) is trying to harm me or those I care about.		

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SECTION 5: SUBSTANCE USE HISTORY

INSTRUCTIONS: For this section, use "yes" or "no" answers for the following questions. Answering honestly helps ensure an accurate diagnosis and the best possible treatment. There is no judgment here.

(Yes) or (No)

1. I use substances (drugs or alcohol) to manage my moods.	
2. My moods are so painful that I need the relief I get from being "buzzed."	
3. I need substances in order to sleep.	
4. My substance use tends to come-and-go. I'm not sure why.	
5. I can't have fun with my friends unless I'm using drugs or alcohol.	
6. I get very nervous in social situations and drink or use drugs to manage the anxiety.	
7. I use cannabis (marijuana) to manage my mood.	
8. Sometimes people around me comment about my substance use.	
9. Substance use impacts my family or work life in a negative way.	
10. I need help to find other options than substance use to manage my mood.	

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SECTION 6: FAMILY HISTORY

INSTRUCTIONS: For this section, use "yes" or "no" answers for the following questions. Answering honestly helps ensure an accurate diagnosis and the best possible treatment.

(Yes) or (No)

1. I was adopted or am not sure of my genetic history.	
2. One or both of my biological parents has been diagnosed with bipolar disorder.	
3. A close biological family member (sibling, grandparent, aunt, uncle or cousin) has been diagnosed with bipolar disorder.	
4. I suspect that one or more of my biological family members has / had bipolar disorder.	
5. One or more of my biological family members struggles with substance abuse.	
6. One or more of my biological family members is being treated for depression / anxiety.	
7. One or more of my biological family members has died by suicide.	
8. A health care professional thinks I have bipolar disorder.	
9. I, or someone in my family has had a reaction to antidepressant medication.	
10. A family member (or loved one) has expressed concern about my moods.	

NOTES:

ROB WHITTAKER Robert Whittaker is the founder of Polar Warriors, the world's largest video support community for bipolar disorder. Polar Warriors provides education and tools for those living with, or caring for someone with bipolar disorder. More information at www.PolarWarriors.com.

JULIE A. FAST Julie A. Fast is the bestselling author of *Loving Someone with Bipolar Disorder*, *Take Charge of Bipolar Disorder*, *Get it Done When You're Depressed*, *OMG That's Me! Vol.2*, *Bipolar Happens!* and *The Health Cards Treatment System for Bipolar Disorder*. She is continuing education certified to train health care professionals including psychiatric residents, therapists, pharmacists, general practitioners and social workers in bipolar disorder treatment and management. More information at www.BipolarHappens.com.



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