

# Hypomania Checklist (HCL-32-R1)

Personal details: Age  years

Centre

Male  Female

Number

## Energy, activity and mood

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.

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) How are you usually compared to other people?

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...

(Please mark only ONE of the following)

... is always rather stable and even	... is generally higher	... is generally lower	... repeatedly show periods of ups and downs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

In such a state:

	Yes	No
1. I need less sleep	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel more energetic and more active	<input type="checkbox"/>	<input type="checkbox"/>
3. I am more self-confident	<input type="checkbox"/>	<input type="checkbox"/>
4. I enjoy my work more	<input type="checkbox"/>	<input type="checkbox"/>
5. I am more sociable (make more phone calls, go out more)	<input type="checkbox"/>	<input type="checkbox"/>
6. I want to travel and do travel more	<input type="checkbox"/>	<input type="checkbox"/>
7. I tend to drive faster or take more risks when driving	<input type="checkbox"/>	<input type="checkbox"/>
8. I spend more/too much money	<input type="checkbox"/>	<input type="checkbox"/>
9. I take more risks in my daily life (in my work and/or other activities)	<input type="checkbox"/>	<input type="checkbox"/>
10. I am physically more active (sport etc.)	<input type="checkbox"/>	<input type="checkbox"/>
11. I plan more activities or projects	<input type="checkbox"/>	<input type="checkbox"/>
12. I have more ideas, I am more creative	<input type="checkbox"/>	<input type="checkbox"/>
13. I am less shy or inhibited	<input type="checkbox"/>	<input type="checkbox"/>
14. I wear more colourful and more extravagant clothes/make-up	<input type="checkbox"/>	<input type="checkbox"/>
15. I want to meet or actually do meet more people	<input type="checkbox"/>	<input type="checkbox"/>
16. I am more interested in sex, and/or have increased sexual desire	<input type="checkbox"/>	<input type="checkbox"/>
17. I am more flirtatious and/or am sexually more active	<input type="checkbox"/>	<input type="checkbox"/>
18. I talk more	<input type="checkbox"/>	<input type="checkbox"/>
19. I think faster	<input type="checkbox"/>	<input type="checkbox"/>
20. I make more jokes or puns when I am talking	<input type="checkbox"/>	<input type="checkbox"/>

Hypomania Checklist (HCL-32-R1)

In such a state:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 21. I am more easily distracted                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I engage in lots of new things                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. My thoughts jump from topic to topic                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I do things more quickly and/or more easily               | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I am more impatient and/or get irritable more easily      | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I can be exhausting or irritating for others              | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I get into more quarrels                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. My mood is higher, more optimistic                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. I drink more coffee                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I smoke more cigarettes                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. I drink more alcohol                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. I take more drugs (sedatives, anxiolytics, stimulants...) | <input type="checkbox"/> | <input type="checkbox"/> |

4) Impact of your “highs” on various aspects of your life:

- |             | Positive<br>and negative | Positive                 | Negative                 | No impact                |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Family life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leisure     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

(Please mark ONE of the following)

- |  |                          |  |                              |                          |
|--|--------------------------|--|------------------------------|--------------------------|
| Positively<br>(encouraging or<br>supportive) | Neutral                  | Negatively<br>(concerned, annoyed,<br>irritated, critical) | Positively and<br>negatively | No reactions             |
| <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/>                                   | <input type="checkbox"/>     | <input type="checkbox"/> |

6) Length of your “highs” as a rule (on the average):

(Please mark ONE of the following)

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> 1 day    | <input type="checkbox"/> longer than 1 week        |
| <input type="checkbox"/> 2-3 days | <input type="checkbox"/> longer than 1 month       |
| <input type="checkbox"/> 4-7 days | <input type="checkbox"/> I can’t judge/ don’t know |

7) Have you experienced such “highs” in the past twelve months?

- Yes  No

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

Taking all together: about  days.