HYPOMANIA INTERVIEW GUIDE (INCLUDING HYPERTHYMIA)

Retrospective Assessment Version

(HIGH-R)


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PATIENT’S NAME _____________________________

INTERVIEWER _____________________________

INTERVIEW SETTING: 1 - phone; 2 - live

(For current assessment, use the HIGH-C.)

READ TO PATIENT: Think back to the week when you felt your very best (in the last year / other specified period). When was that? If there was no single best week, try to focus on one such week.

Month: ___ ___ Year: ___ ___ Time of month (circle): early / middle / late

RATING PERIOD: 1 - highest week in last year; 2 - other week

Were you taking any medications or vitamins at that time?

Were you (physically) sick at that time?

For the questions I’m going to ask you now, try to focus on that one week when you were feeling best in (time stated).

INTERVIEWER: The stem questions—in bold type—are to be read exactly as written. The additional questions are provided for further exploration or clarification as needed.

Note to raters: All of the items should be rated on a scale that considers both frequency and severity. On the 0-4 scale, “1” and “2” represent increasing appearance of mild symptoms that are present on at least 3 days; “3” is moderate (symptom is more prominent and occurs on at least four consecutive days, and in most cases is observable by others); “4” is marked or severe (symptom is continuous and dominates the patient’s life). See also: HIGH Instruction Guide.


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(10/00)
1. What was your mood like in that week in (time stated)?

Would you say that you were feeling unusually good or high or optimistic?

**IF YES:** About how many days of that week did you feel that way? (___ days)

At least four days in a row?

Did that feeling last throughout most of the day?

Was that feeling uncharacteristic for you?

Did anyone notice or remark that you seemed unusually (cheerful/high)?

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**ELEVATED OR EXPANSIVE MOOD**

0 - absent
1 - indicated only on questioning
2 - reported spontaneously, but not observable by others who know patient well
3 - observable by others as uncharacteristic, and lasted at least four consecutive days
4 - communicated nonverbally (e.g., through facial expression, posture, voice), and lasted at least one week

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2. Were you feeling unusually irritable during that week?

**IF NO:** Were you annoyed by little things or did you find yourself arguing more than usual?

**IF YES:** About how many days of that week did you feel that way? (___ days)

At least four days in a row?

Did that feeling last throughout most of the day?

Was that feeling uncharacteristic for you?

Did anyone notice or remark that you seemed unusually (irritable/argumentative/hard to get along with)?

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**IRRITABLE MOOD**

0 - absent
1 - indicated only on questioning
2 - increased irritability, but not observable by others who know patient well
3 - observable by others as uncharacteristic, and lasted at least four consecutive days
4 - communicated nonverbally, and lasted at least one week

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**IF THERE IS A SCORE OF 1, 2, 3 OR 4 IN EITHER ITEM #1 OR #2 ABOVE:**

When was the last time you felt calm and not (high/irritable)? Month: ___ ___ Year: ___ ___

How long did that last? _____________

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**IF THERE IS A SCORE OF “0” IN BOTH ITEMS #1 AND #2 ABOVE, PROBE WHETHER TO SELECT A DIFFERENT WEEK FOR EVALUATION:**

Was there a different period when your mood was unusually high or you felt especially irritable?

When did you feel that way (high/irritable) most recently? Month: ___ ___ Year: ___ ___

How long did that last? _____________

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**IF AN ALTERNATE WEEK IS SELECTED, CHANGE THE TIME FRAME ENTRY ON COVER PAGE AND BEGIN AGAIN WITH ITEM #1.**
3. During that week, were you feeling unusually self-confident, or that you had any special abilities that you don’t normally have?

**IF YES:** Compared with how you feel normally, was that feeling uncharacteristic for you?

Did anyone notice or remark that you seemed unusually (self-confident/assured)?

**INCREASED SELF-ESTEEM**

- 0 - no increase reported
- 1 - mild increase in self-esteem or confidence
- 2 - moderate increase in self-esteem
- 3 - inflated self-esteem
- 4 - grandiosity

4. During that week, did you have more energy than when you’re feeling normal or calm?

**IF YES:** How much more?

**INCREASED ENERGY**

- 0 - no increase reported
- 1 - subjective sense of increased energy
- 2 - able to get more done without fatigue
- 3 - moderate increase in energy
- 4 - marked increase

5. Were you sleeping less than usual during that week?

Do you remember how you felt when you awakened? (Still tired?)

**IF DECREASE IS REPORTED WITHOUT RESULTING FATIGUE, INDICATE NO. OF HOURS OF SLEEP:** How much do you normally sleep when you are feeling calm and not depressed?

(___ hrs)

How much less were you sleeping that week?

(___ hrs)

During that week, at what time were you usually falling asleep at night? (___:___ a.m. / p.m.)

When were you usually waking up?

(____:____ a.m. / p.m.)
6. During that week in (period stated) were you more fidgety than usual, or did you have difficulty sitting still?

IF YES: Did other people notice that you were more fidgety or had trouble sitting still?

PSYCHOMOTOR AGITATION* d
0 - none
1 - reported by patient but not observable by others
2 - increased fidgetiness (e.g., playing with hands or hair)
3 - difficulty sitting still
4 - pacing, restlessness, etc.

7. During that week, were you involved in a wider range of activities than is normal for you when you're feeling calm?

Were you able to get more done than usual?

IF YES: Did other people notice that you were more active than usual?

Did you feel that you should be slowing down, or did anyone ask you to slow down?

Did you start activities that you couldn’t finish?

GOAL-DIRECTED WORK AND ACTIVITIES* d
0 - no change
1 - minor increase in activity reported
2 - moderate increase in productive activities, with no resulting difficulties
3 - considerable increase in activity, causing minor impairment in quality of work
4 - excessive involvement in multiple activities, causing significant impairment of work, difficulties with colleagues, family or friends, etc.

8. During that week, did you find yourself wanting to spend more time with people, either socially or at work?

What about talking on the phone?

IF YES: Did you actually spend more time interacting with others?

SOCIAL ACTIVITIES
0 - no increase
1 - increased desire to socialize
2 - mild increase in socializing
3 - moderate increase in socializing
4 - marked increase that is intrusive, or at inappropriate times; renewing of old acquaintances

Did you make social contact with people you didn’t know?

(WHo?)

(In what circumstances?)
9. Did you find then that you were more likely to act on the spur of the moment, without thinking?

Did you do anything that could have led to problems for you or your family?

(For example, did you suddenly leave work, or buy things that you didn't need, or drive recklessly, or do anything sexual that was unusual for you?)

10. Compared with your normal feelings, did you experience increased sexual interest during that week in (time stated)?

IF YES: Did your sexual activity increase, either with or without a partner?

How much did it increase?

Did this distract you from other important activities that week?

11. Thinking back to that period, were you talking more rapidly than is normal for you?

Did anyone comment on how fast you were talking, or ask you to slow down?

IMPULSIVE BEHAVIOR AND EXCESSIVE PLEASURE-SEEKING (e.g., work-related, financial, or sexual)*

0 - no change
1 - urge to act impulsively, but does not act upon it
2 - acted impulsively, but only to a minor extent
3 - increased impulsiveness or pleasure-seeking that is uncharacteristic
4 - impulsive behavior that has had clear negative consequences for self or others

SEXUAL THOUGHTS AND ACTIVITY

0 - no increase
1 - increased sexual drive or thoughts
2 - mild increase in sexual activity
3 - moderate increase in sexual activity
4 - marked increase in sexual activity

RAPID SPEECH*:

0 - no pressure of speech or increase in rate of speech
1 - subjective sense of increased pressure of speech
2 - mild increase in volume, amount or rate of speech
3 - speech that is rapid, loud, difficult to interrupt; no flight of ideas
4 - marked increase in rate, pressure of speech; flight of ideas; incoherence
12. During that week, were your thoughts speeded up at all, or even racing?
   
   IF YES: Give me an example.
   
   How much did this bother you?
   
   Do you have rapid thoughts even when you're feeling normal and calm?

   FLIGHT OF IDEAS
c
   0 - absent
   1 - subjective sense of increased rate of thought
   2 - mild increase in rate of thought
   3 - moderate flight of ideas
   4 - marked flight of ideas

13. Back during that period in (time stated), did you have problems concentrating?

   Were you easily distracted by little things?
   
   IF YES: How much of a problem was that for you?
   
   Did it cause you to lose track of things?
   
   Did it interfere with getting your work done?

   DISTRACTIBILITY AND CONCENTRATION
c
   0 - no problems concentrating
   1 - occasional distractibility or difficulty concentrating
   2 - mild increase in distractibility or decreased concentration
   3 - moderate increase leading to minor difficulties in getting things done
   4 - marked focus on irrelevant external stimuli leading to significant impairment

14. Were you thinking especially clearly during that week?

   Do you recall having had any unusually creative ideas or approaches to problems?
   
   How different was that from when you're feeling normal or calm?

   SHARPENED AND UNUSUALLY CLEAR THINKING
   0 - no increase reported
   1 - occasional or brief periods of thinking more clearly or creatively
   2 - mild increase in clarity or creativity
   3 - moderate increase
   4 - marked increase

15. During that week, did you become so focused on other things that you forgot to eat or decided not to take time out to eat?

   IF YES: Did you skip meals?
   
   How often did you miss a meal?

   DECREASED EATING
   0 - no decrease reported
   1 - eats regularly but would prefer not to take time out for meals
   2 - occasionally skips a meal
   3 - skips one or more meals nearly every day
   4 - skips two or more meals in a row

RATER NOTE: RECONFIRM ITEMS #1 AND #2 IF INITIAL RESPONSES WERE INCONSISTENT WITH THOSE OF OTHER ITEMS.
HIGH-R SCORE SUMMARY

PATIENT ___________________________ I.D. _______________________

DATE ___ ___ / ___ ___ / ___ ___ RATER _______________________

TOTAL HIGH-R SCORE: __ __

DSM-IV CRITERIA FOR HYPOMANIC EPISODE WITH ELEVATED OR EXPANSIVE MOOD
(score of at least 3 on asterisked items):

(I)  *a: YES / NO
(IIa) At least three of *c: YES / NO
(IIb) At least two of *c and at least one of *d: YES / NO
(III) YES on (I), and (IIa) or (IIb): YES / NO

DSM-IV CRITERIA FOR HYPOMANIC EPISODE WITH IRRITABLE MOOD ONLY
(score of at least 3 on asterisked items):

(I)  *b (and not *a): YES / NO
(IIa) At least four of *c: YES / NO
(IIb) At least three of *c and at least one of *d: YES / NO
(III) YES on (I), and (IIa) or (IIb): YES / NO

Hospitalization was necessary during the episode. YES / NO
Psychotic features have been present during the episode. YES / NO
The mood disturbance has been sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others. YES / NO

If yes to any of the three items above consider a diagnosis of manic episode. (12/98 version)