

## Presenting Clinical Details

5. What was the predominant mood state of the young person during this first episode of Bipolar Disorder?

(Please tick all that apply)

Elevated  Depressed  Irritable

6. Were any psychotic features present?

Yes  No

If YES, were they mood-congruent or incongruent?

Congruent  Incongruent

7. Has this young person presented previously with any of the following mood disturbance episodes? (Please tick all that apply)

Depressed  Manic  Hypomanic  Mixed  No

8. How long was the period between the onset of symptoms of this index manic/mixed episode to confirmation of the diagnosis of Bipolar Disorder? Number of weeks

9. Are there features suggestive of a possible diagnosis of the following? (Please tick all that apply)

	Past	Current
Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Attention deficit hyperactivity disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder (ASD)	<input type="checkbox"/>	<input type="checkbox"/>
Conduct or oppositional defiant disorder	<input type="checkbox"/>	<input type="checkbox"/>
Tic Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorders (if yes, please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Any other mental health developments (please state):

None of the above

10. Is there any family history of psychiatric disorder? Yes  No

If YES please specify type and relationship to young person (e.g. Maternal grandfather, half-brother, step-mother etc)

### Relationship to young person

Depressive disorder	<input type="checkbox"/>	.....
Any anxiety disorder	<input type="checkbox"/>	.....
Bipolar Disorder (I or II)	<input type="checkbox"/>	.....
Any functional psychotic illness	<input type="checkbox"/>	.....
Substance use disorder	<input type="checkbox"/>	.....
ADHD	<input type="checkbox"/>	.....
ASD	<input type="checkbox"/>	.....

Any other mental disorder (please specify and relationship of affected individual):

## Management

11. Did the young person require admission to day/inpatient service?

Yes, voluntary admission  Yes, detained under relevant mental health law

No

If the young person has **already** been discharged, what was the total duration of admission? ..... (days)

If the young person has **not** been discharged, what is the total duration of admission to date? .....(days)

12. Were medications prescribed during this episode of Bipolar Disorder?

No  Yes

If YES please specify

Lithium	<input type="checkbox"/>
Carbamazepine	<input type="checkbox"/>
Sodium Valproate	<input type="checkbox"/>
Lamotrigine	<input type="checkbox"/>
Risperidone	<input type="checkbox"/>
Olanzapine	<input type="checkbox"/>
Quetiapine	<input type="checkbox"/>
Aripiprazole	<input type="checkbox"/>
Haloperidol	<input type="checkbox"/>

Other, please specify .....

13. Please indicate if any of the following psychological therapies were offered and whether they were accepted by the patient and/or parents/care givers. (Please tick all that apply)

Psychological Therapy	Patient		Parents/ caregivers	
	Accepted	Declined	Accepted	Declined
Psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety management e.g. relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>			
Any other psychological therapy not mentioned (Please state).....				

Please return this questionnaire using the SAE provided

Many thanks for taking the time to complete this questionnaire. We greatly appreciate your help with this research project.

capss

CHILD & ADOLESCENT PSYCHIATRY SURVEILLANCE SYSTEM



Study No

CAPSS No

**STRICTLY CONFIDENTIAL**

## Questionnaire

## Surveillance of Paediatric Bipolar Disorder in the UK and ROI (SPBD-UK & ROI)

Child and Adolescent Psychiatric Surveillance System – CAPSS

### Surveillance Case Definition

**Bipolar Disorder** is a disturbance of mood characterised by **ONE** episode of euphoric or expansive mood, (this might include irritability) present for at least 7 days (less if hospitalised) that is sufficiently severe to cause impairment in social functioning. (The case definition is based on the DSM-IV criteria as modified by NICE).

*This page will be detached and stored separately from the rest of the questionnaire to ensure that patient identifiable information is unlinked to the clinical data. This page will be destroyed once de-duplication is confirmed and follow-up questionnaires have been issued. (This study has been approved by the Charing Cross REC (09/H0711\28) and has been granted NIGB Section 251 support to process patient identifiable information without consent).*

For further information or queries, please contact: Dr Adi Sharma

Please return completed form in the pre-paid envelope to: Dr Adi Sharma  
Academic Child and Adolescent Mental Health, Newcastle University, 3<sup>rd</sup> Floor, Sir James Spence Institute, Royal Victoria Infirmary, Newcastle Upon Tyne, NE1 4LP  
Mobile 0790 080 6264, e-mail: SPBD-UK.ROI@ncl.ac.uk

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Northumberland, Tyne and Wear NHS Trust

### General Information

Hospital or CAMH Service:.....

Consultant responsible for diagnosis of reported case: .....

Person completing Questionnaire if different:.....

Contact Telephone Number: .....

Contact Email : .....

**Patient details:**

1.1. Patient NHS Number (if applicable).....

1.2. Date of Birth (dd/mm/yy): / /

1.3. Gender (please circle): **Male / Female**

1.4. Post-code (first part only, if applicable):

**Date young person presented with suspected Bipolar Disorder:** / /

**Date of diagnosis of Bipolar Disorder:** / /

**Date form completed:** / /

**Patient ethnicity (please tick):**

WHITE:  British  Irish  Other (describe below)      BLACK:  African  Caribbean  Other (describe below)

MIXED:  White and Black Caribbean  White and Black African  White and Asian  Other (describe below)      ASIAN:  Bangladeshi  Indian  Pakistani  Other (describe below)

CHINESE:  Chinese:      OTHER:  Other (describe below)

**If "Other" chosen, please describe:** .....

.....

### Main Symptoms

1. Can the mood disturbance be accounted for by any general medical condition? Yes  If yes, please specify.....  No

2. Can the mood disturbance be accounted for by a drug of abuse or toxin exposure? Yes  If yes, please specify.....  No

3. Please indicate which of the following symptoms have been present during the course of this mood episode (Please tick all that apply)

	<b>&lt;7 days</b>	<b>≥ 7 days</b>
Elated mood	<input type="checkbox"/>	<input type="checkbox"/>
Grandiose behaviour/heightened self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
Disinhibited behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Increase in goal directed behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Decreased need for sleep (as seen in manic episodes)	<input type="checkbox"/>	<input type="checkbox"/>
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>
Hyper-sexuality(as relevant developmentally)	<input type="checkbox"/>	<input type="checkbox"/>
Pressured rapid speech	<input type="checkbox"/>	<input type="checkbox"/>
Racing thoughts	<input type="checkbox"/>	<input type="checkbox"/>
Uninhibited people seeking (gregariousness)	<input type="checkbox"/>	<input type="checkbox"/>
Irritable mood	<input type="checkbox"/>	<input type="checkbox"/>
Hostile aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Depressed mood	<input type="checkbox"/>	<input type="checkbox"/>
Significantly reduced interest/pleasure in most/all activities	<input type="checkbox"/>	<input type="checkbox"/>
Considerable loss or gain in weight	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of worthlessness or extreme guilt	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness after slight effort	<input type="checkbox"/>	<input type="checkbox"/>
Inability to concentrate	<input type="checkbox"/>	<input type="checkbox"/>
Reduced self-esteem/confidence	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm/suicide	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia or hypersomnia	<input type="checkbox"/>	<input type="checkbox"/>
Change in appetite	<input type="checkbox"/>	<input type="checkbox"/>
Motor agitation	<input type="checkbox"/>	<input type="checkbox"/>

4. Has the young person been prescribed antidepressant medication in the past?

Yes < 6 weeks ago       Yes 6 weeks – 6 months       Yes > 6 months ago       Never